PatientAlly

Secure Access (24/7/365) to Your Personal Health Records

User Manual

Patient Ally is sponsored by **Office Ally**.

Office Ally
16703 SE McGillivray Blvd. Suite 200
Vancouver, WA 98683

For questions and feedback, please email us at: **info@patientally.com**.

Phone: 888-PHR-4ALL

Contact Us
info@patientally.com
888-747-4255

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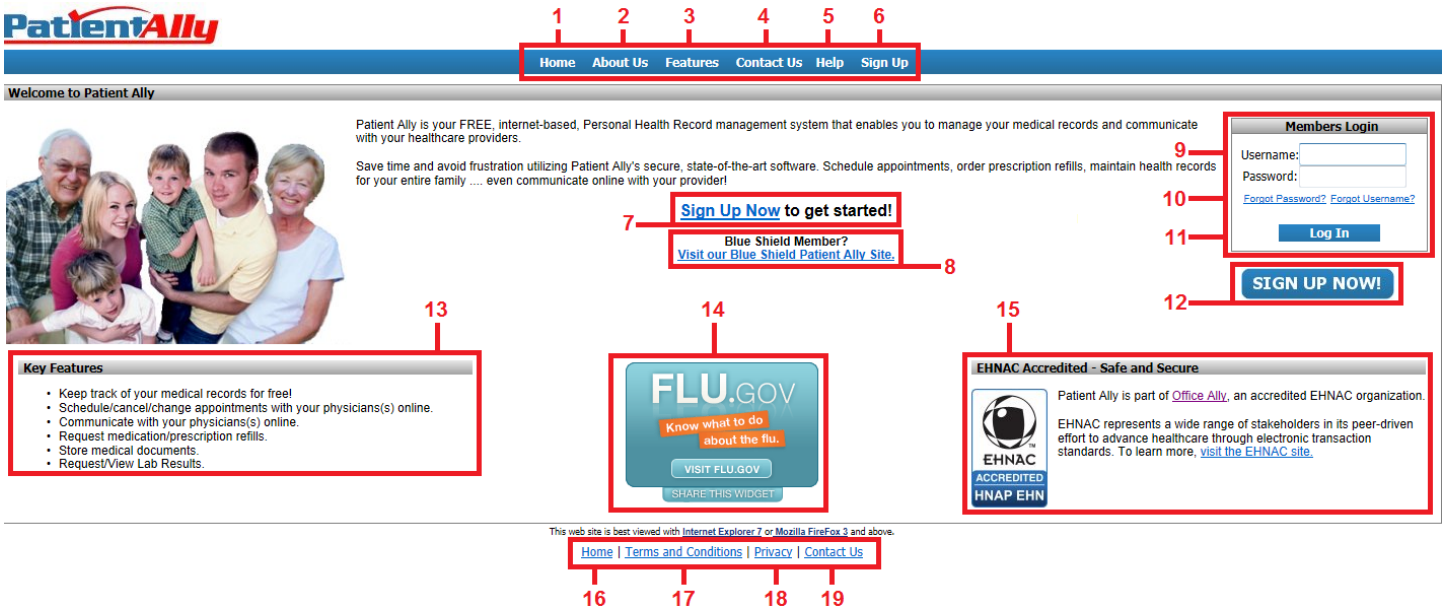
Patient Ally Homepage


PatientAlly
1 2 3 4 5 6
Home About Us Features Contact Us Help Sign Up
Welcome to Patient Ally
Patient Ally is your FREE, internet-based, Personal Health Record management system that enables you to manage your medical records and communicate with your healthcare providers.
Save time and avoid frustration utilizing Patient Ally's secure, state-of-the-art software. Schedule appointments, order prescription refills, maintain health records for your entire family .... even communicate online with your provider!
Sign Up Now to get started!
Blue Shield Member?
Visit our Blue Shield Patient Ally Site.
Members Login
Username:
Password:
Forgot Password? Forgot Username?
Log In
SIGN UP NOW!
7
8
9
10
11
12
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Key Features
Keep track of your medical records for free!
Schedule/cancel/change appointments with your physicians(s) online.
Communicate with your physicians(s) online.
Request medication/prescription refills.
Store medical documents.
Request/View Lab Results.
FLU.GOV
Know what to do about the flu.
VISIT FLU.GOV
SHARE THIS WIDGET
EHNAC Accredited - Safe and Secure
Patient Ally is part of Office Ally, an accredited EHNAC organization.
EHNAC represents a wide range of stakeholders in its peer-driven effort to advance healthcare through electronic transaction standards. To learn more, visit the EHNAC site.
EHNAC
ACCREDITED
HNAP EHN
This web site is best viewed with Internet Explorer 7 or Mozilla FireFox 3 and above.
Home | Terms and Conditions | Privacy | Contact Us
16 17 18 19

From the Patient Ally Homepage, you can use quick links to access certain parts of the website:

1. **HOME** – Brings you back to the Patient Ally Homepage.
2. **ABOUT US** – Information about Patient Ally.
3. **FEATURES** – Details about services you can utilize in Patient Ally.
4. **CONTACT US** – Patient Ally's address, phone and email information.
5. **HELP** – Access to Guides and Manuals.
6. **SIGN UP** – Register with Patient Ally.
7. **SIGN UP NOW** – Register with Patient Ally.
8. **BLUE SHIELD OF CA** – Register with Patient Ally as a Blue Shield of California Member.
9. **USERNAME & PASSWORD** – Enter Login for Patient Ally.
10. **FORGOT PASSWORD & FORGOT USERNAME** – Password and Username retrieval links.
11. **LOGIN** – Log into your Patient Ally account.
12. **SIGN UP NOW** – Register with Patient Ally.
13. **KEY FEATURES** – Details about services you can utilize in Patient Ally.
14. **FLU.GOV** – Helpful information about the Flu.
15. **EHNAC** – Access to EHNAC's website.
16. **HOME** – Brings you back to the Patient Ally Homepage.
17. **TERMS AND CONDITIONS** – View Patient Ally's Terms and Conditions.
18. **PRIVACY** – View Patient Ally's Privacy Policy.
19. **CONTACT US** – Patient Ally's address, phone and email information.

Contact Us
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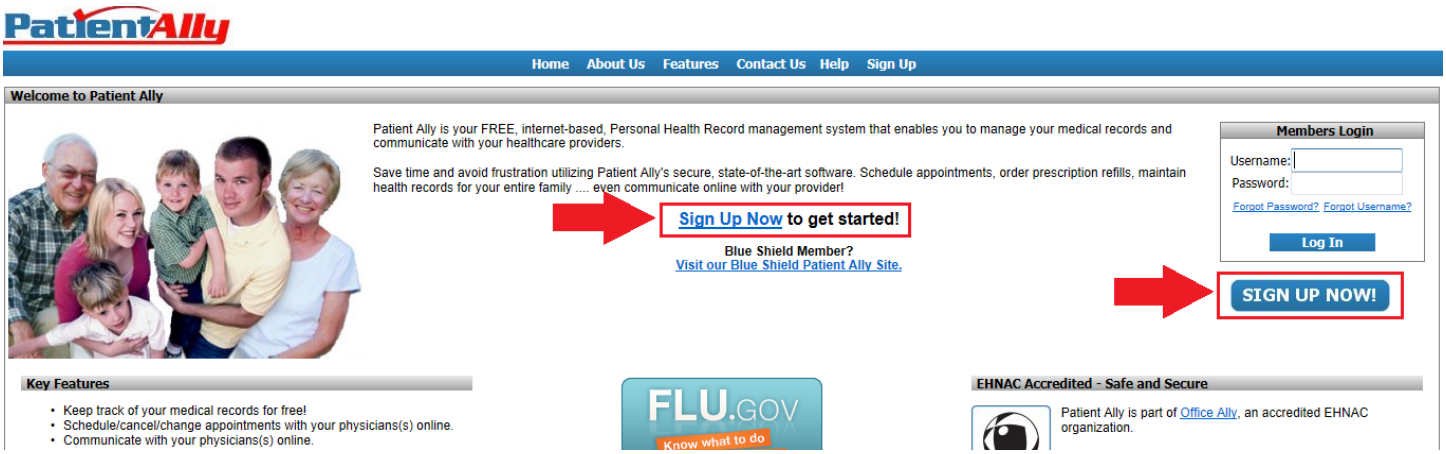
Registering

Click **SIGN UP NOW** to get started with your registration.


PatientAlly
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Contact Us
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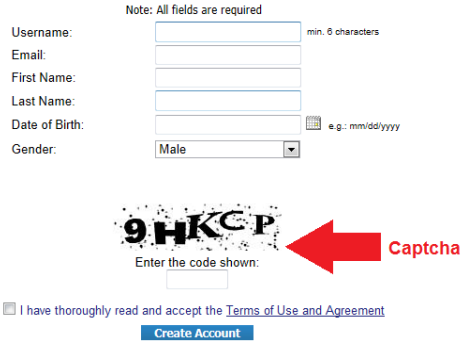
Save time and avoid frustration utilizing Patient Ally's secure, state-of-the-art software. Schedule appointments, order prescription refills, maintain health records for your entire family .... even communicate online with your provider!
Sign Up Now to get started!
Blue Shield Member?
Visit our Blue Shield Patient Ally Site.
Members Login
Username:
Password:
Forgot Password? Forgot Username?
Log In
SIGN UP NOW!
Key Features
Keep track of your medical records for free!
Schedule/cancel/change appointments with your physicians(s) online.
Communicate with your physicians(s) online.
FLU.GOV
Know what to do
EHNAC Accredited - Safe and Secure
Patient Ally is part of Office Ally, an accredited EHNAC organization.

Complete all fields on the registration form. You will need to create your own Username with a minimum of 6 characters (*alpha/numeric*). Enter in your Email Address, First and Last Name, Date of Birth (*mm/dd/yyyy*), Gender, Captcha (*alpha/numeric code*) and then check that you have read the Terms of Use and Agreement. Once you have completed the form, click **CREATE ACCOUNT**.



You will be sent a separate email from info@patientally.com to complete your registration. If you do not receive this email, please contact Patient Ally. Once you receive the email (*example below*), click the **HERE** link or copy and paste the web address provided.

From: info@patientally.com [mailto:info@patientally.com]
Sent:
To:
Subject: Patient Ally Registration Confirmation

Congratulations! You have successfully created a new account with Patient Ally.

To finish your registration please click **here**. This link is only good for 72 hours.

If you are not able to click on the link above copy the following **https://www.patientally.com/CompleteRegistration.aspx?user=a016206e-106f-40c2-89ea-d0fd1d322aae&r=yes** and paste into your browsers address bar.

If you have any questions email us at info@patientally.com or call us at 888-PHR-4ALL.

* Click here to print the full instructions or go to www.patientally.com/Help.aspx and download the Registration Instructions.

Thanks and welcome aboard the Patient Ally Community!

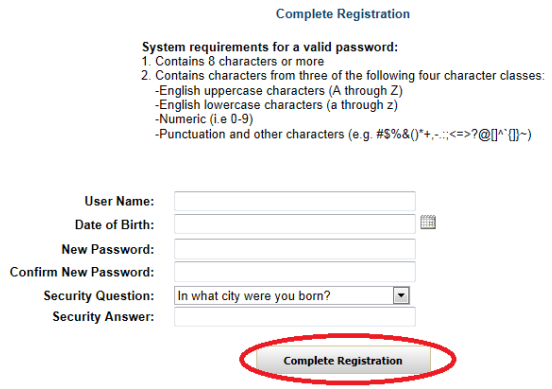
The Patient Ally Team

Contact Us
info@patientally.com
888-747-4255

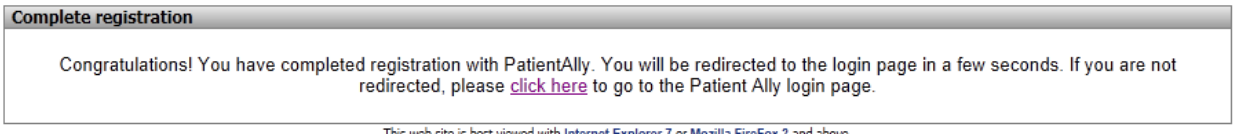
The link will bring you to Patient Ally where you will create your own Password. You will need to confirm the Username you created, your Date of Birth (*mm/dd/yyyy*) and then create your Password and Security Question and Answer. The Password needs to contain a minimum of 8 characters.

You must have at <u>least</u> 3 of the 4 requirements in your Password:

Uppercase Letter (*A through Z*)
Lowercase Letter (*a through z*)
Number (*0-9*)
Punctuation or Character (*! @ # $ % ^ & * ( ) + = < > ?*)


Complete Registration
System requirements for a valid password:
1. Contains 8 characters or more
2. Contains characters from three of the following four character classes:
-English uppercase characters (A through Z)
-English lowercase characters (a through z)
-Numeric (i.e 0-9)
-Punctuation and other characters (e.g. #$%&()*+,-.:;<=>?@[]^`{|}~)
User Name:
Date of Birth:
New Password:
Confirm New Password:
Security Question:
In what city were you born?
Security Answer:
Complete Registration

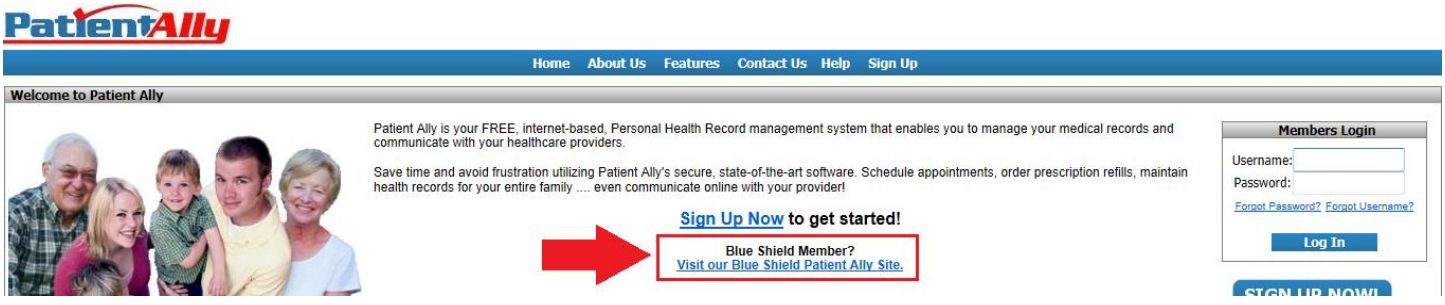
When you have finished, click **COMPLETE REGISTRATION**. You will receive a confirmation message when you have successfully created your Patient Ally account. Next, you should automatically be directed to the Patient Ally Homepage. If you are not automatically directed, click on the link provided to be brought to the Homepage where you can log into your Patient Ally account.


Complete registration
Congratulations! You have completed registration with PatientAlly. You will be redirected to the login page in a few seconds. If you are not redirected, please click here to go to the Patient Ally login page.

Registering as Blue Shield of California Member

<u>For Blue Shield of California Members ONLY**</u>**

If you are a **<u>Blue Shield of California Member</u>**, please click on the link provided on the Homepage to be redirected before registering.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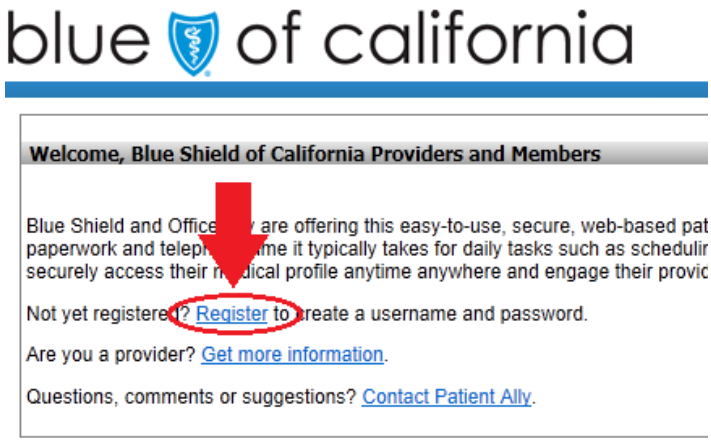
Save time and avoid frustration utilizing Patient Ally's secure, state-of-the-art software. Schedule appointments, order prescription refills, maintain health records for your entire family .... even communicate online with your provider!
Sign Up Now to get started!
Blue Shield Member?
Visit our Blue Shield Patient Ally Site.
Members Login
Username:
Password:
Forgot Password? Forgot Username?
Log In

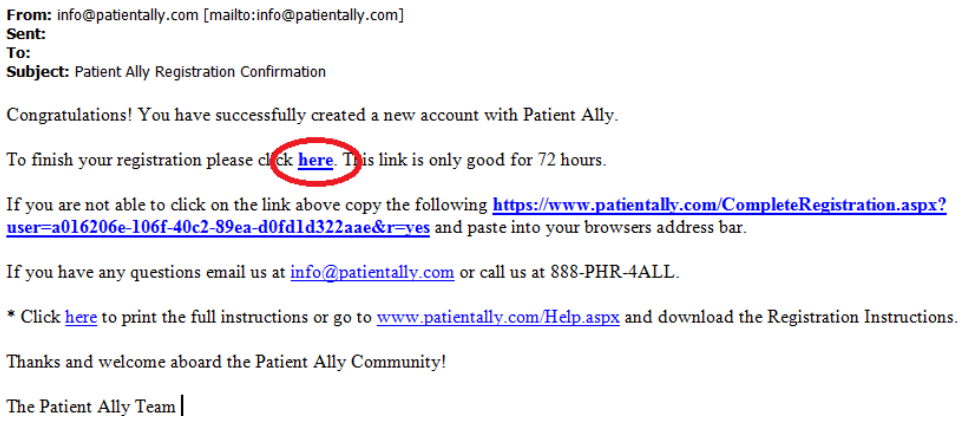
Contact Us
info@patientally.com
888-747-4255

From the Blue Shield of California page, click **REGISTER** to get started.


blue of california
Welcome, Blue Shield of California Providers and Members
Blue Shield and Office
are offering this easy-to-use, secure, web-based pat
paperwork and teleph
me it typically takes for daily tasks such as schedulir
securely access their r
dical profile anytime anywhere and engage their provic
Not yet registered? Register to create a username and password.
Are you a provider? Get more information.
Questions, comments or suggestions? Contact Patient Ally.

Complete all fields on the registration form. You will need to create your own Username with a minimum of 6 characters (*alpha/numeric*). Enter in your Email Address, First and Last Name, Date of Birth (*mm/dd/yyyy*), Gender, Captcha (*alpha/numeric code*) and then check that you have read the Terms of Use and Agreement. Once you have completed the form, click **CREATE ACCOUNT**.

You will be sent a separate email from info@patientally.com to complete your registration. If you do not receive this email, please contact Patient Ally. Once you receive the email (*example below*), click the **HERE** link or copy and paste the web address provided.

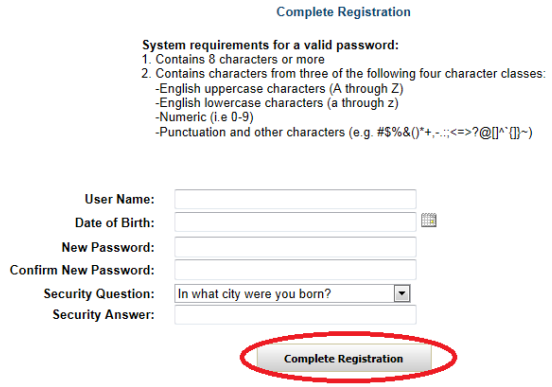

From: info@patientally.com [mailto:info@patientally.com]
Sent:
To:
Subject: Patient Ally Registration Confirmation
Congratulations! You have successfully created a new account with Patient Ally.
To finish your registration please click here. This link is only good for 72 hours.
If you are not able to click on the link above copy the following https://www.patientally.com/CompleteRegistration.aspx?user=a016206e-106f-40c2-89ea-d0fd1d322aae&r=yes and paste into your browsers address bar.
If you have any questions email us at info@patientally.com or call us at 888-PHR-4ALL.
* Click here to print the full instructions or go to www.patientally.com/Help.aspx and download the Registration Instructions.
Thanks and welcome aboard the Patient Ally Community!
The Patient Ally Team

Contact Us
info@patientally.com
888-747-4255

The link will bring you to Patient Ally where you will create your own Password. You will need to confirm your Username, your Date of Birth (*mm/dd/yyyy*) and then create your Password and Security Question and Answer. The Password needs to contain a minimum of 8 characters.

You must have at <u>least</u> 3 of the 4 requirements in your Password:

Uppercase Letter (*A through Z*)
Lowercase Letter (*a through z*)
Number (*0-9*)
Punctuation or Character (*! @ # $ % ^ & * ( ) + = < > ?*)


Complete Registration
System requirements for a valid password:
1. Contains 8 characters or more
2. Contains characters from three of the following four character classes:
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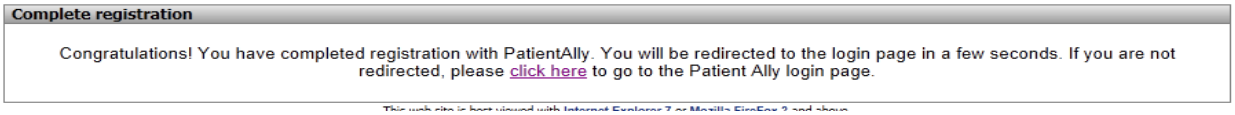
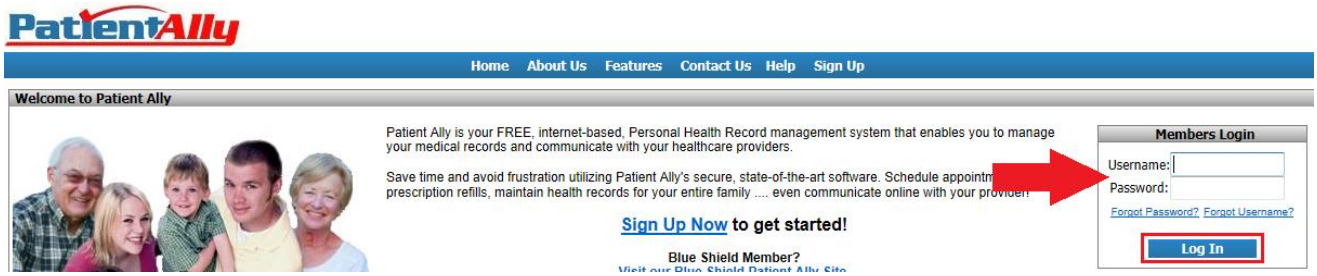
-English lowercase characters (a through z)
-Numeric (i.e 0-9)
-Punctuation and other characters (e.g. #$%&()*+,-.:;<=>?@[]^`{|}~)
User Name:
Date of Birth:
New Password:
Confirm New Password:
Security Question:
In what city were you born?
Security Answer:
Complete Registration

When you have finished, click **COMPLETE REGISTRATION**. You will receive a confirmation message when you have successfully created your Patient Ally account. Next, you should automatically be directed to the Patient Ally Homepage. If you are not automatically directed, click on the link provided to be brought to the Homepage where you can log into your Patient Ally account.


Complete registration
Congratulations! You have completed registration with PatientAlly. You will be redirected to the login page in a few seconds. If you are not redirected, please click here to go to the Patient Ally login page.

Logging In

To log into your Patient Ally account, you will need to enter in your Username and Password that was created during your registration process. Keep in mind that your Login is case-sensitive. After entering in your Username and Password, click **LOGIN**. If you are having Login issues, please contact Patient Ally.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Welcome to Patient Ally
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prescription refills, maintain health records for your entire family .... even communicate online with your provider!
Sign Up Now to get started!
Blue Shield Member?
Members Login
Username:
Password:
Forgot Password? Forgot Username?
Log In

Contact Us
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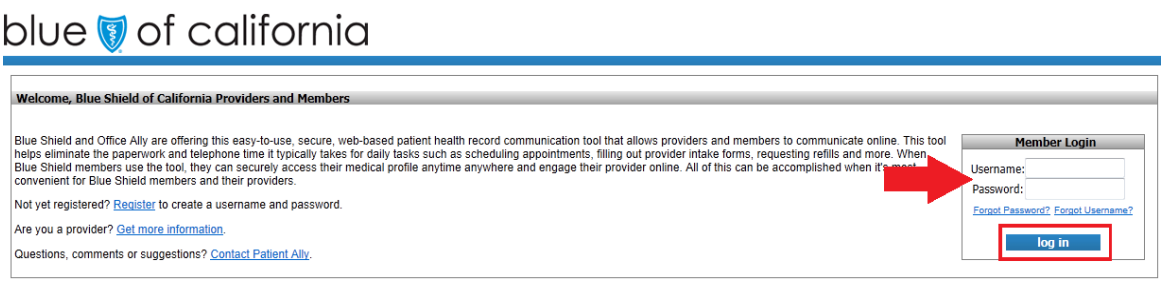
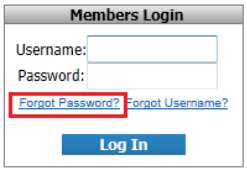
Logging into Blue Shield of California's Patient Ally Homepage:

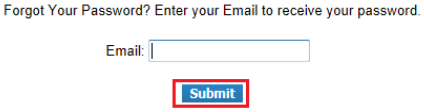

blue of california
Welcome, Blue Shield of California Providers and Members
Blue Shield and Office Ally are offering this easy-to-use, secure, web-based patient health record communication tool that allows providers and members to communicate online. This tool helps eliminate the paperwork and telephone time it typically takes for daily tasks such as scheduling appointments, filling out provider intake forms, requesting refills and more. When Blue Shield members use the tool, they can securely access their medical profile anytime anywhere and engage their provider online. All of this can be accomplished when it's most convenient for Blue Shield members and their providers.
Not yet registered? Register to create a username and password.
Are you a provider? Get more information.
Questions, comments or suggestions? Contact Patient Ally.
Member Login
Username:
Password:
Forgot Password? Forgot Username?
log in

Forgot Password

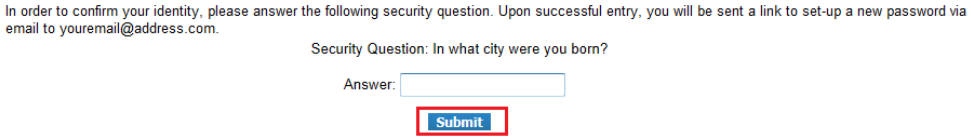
If you cannot remember your Password, click the **FORGOT PASSWORD** link.



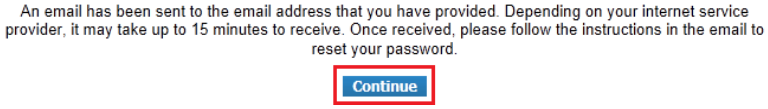
Step 1: You will be prompted to enter in your email. This email needs to match what you already have on file with Patient Ally.



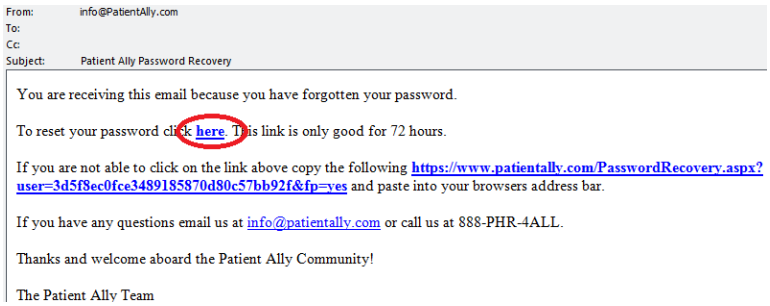
Step 2: Next you will be prompted to answer your Security Question.


In order to confirm your identity, please answer the following security question. Upon successful entry, you will be sent a link to set-up a new password via email to youremail@address.com.
Security Question: In what city were you born?
Answer:
Submit

Step 3: After answering your Security Question, you will be sent an email containing a link to create your new Password. Please allow up to 15 minutes to receive this email.


An email has been sent to the email address that you have provided. Depending on your internet service provider, it may take up to 15 minutes to receive. Once received, please follow the instructions in the email to reset your password.
Continue

Once you receive the email (*example below*), click the **HERE** link or copy and paste the web address provided. This link is only good for 72 hours after receipt. If it has expired, you will need to repeat steps 1-3 under Forgot Password (*Page 8*)


From: info@PatientAlly.com
To:
Cc:
Subject: Patient Ally Password Recovery
You are receiving this email because you have forgotten your password.
To reset your password click here. This link is only good for 72 hours.
If you are not able to click on the link above copy the following https://www.patientally.com/PasswordRecovery.aspx?user=3d5f8ec0fce3489185870d80c57bb92f&fp=yes and paste into your browsers address bar.
If you have any questions email us at info@patientally.com or call us at 888-PHR-4ALL.
Thanks and welcome aboard the Patient Ally Community!
The Patient Ally Team

Contact Us
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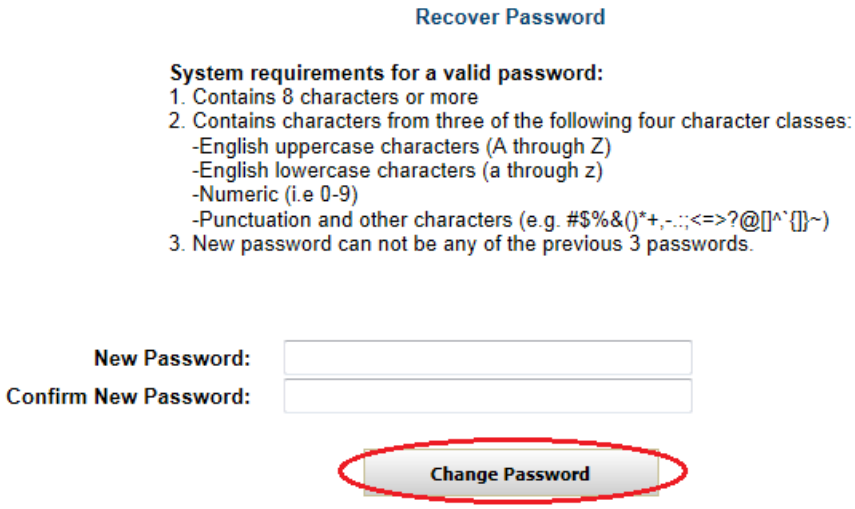
888-747-4255

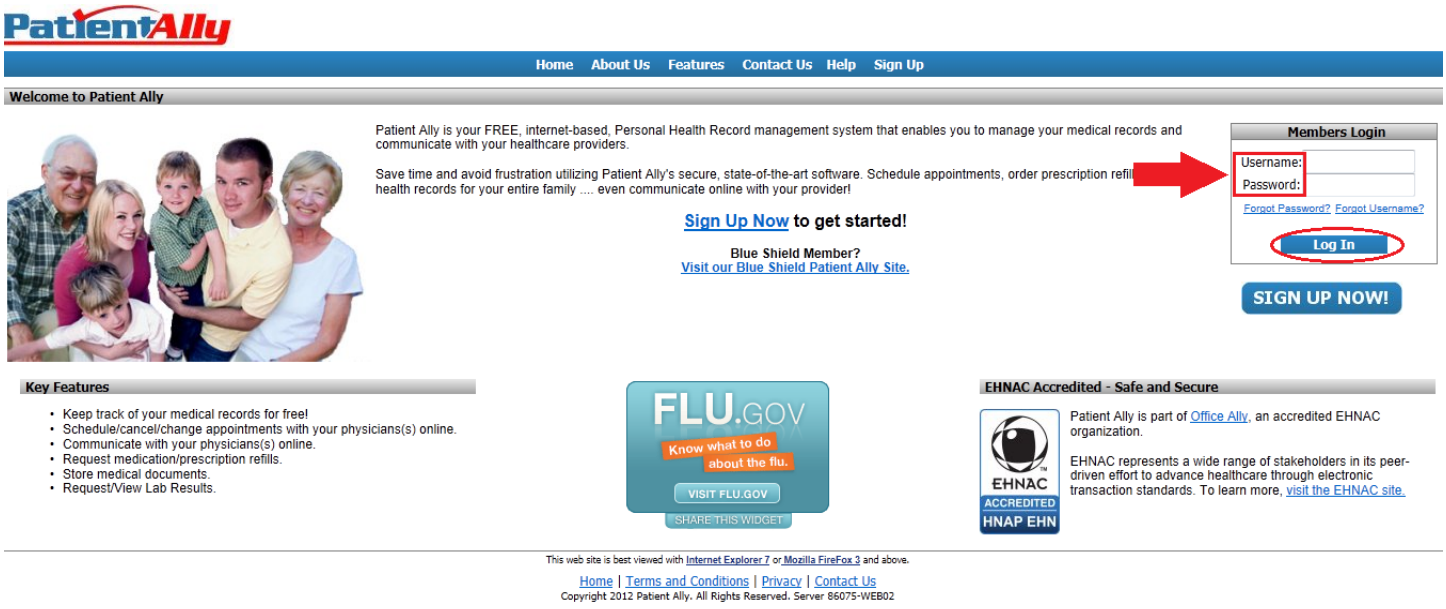
The link will bring you to Patient Ally where you will create your new Password. The Password needs to contain a minimum of 8 characters. *Note: Your new password cannot be any of the previous 3 passwords.*

You must have at <u>least</u> 3 of the 4 requirements in your Password:

Uppercase Letter (*A through Z*)
Lowercase Letter (*a through z*)
Number (*0-9*)
Punctuation or Character (*! @ # $ % ^ & * ( ) + = < > ?*)


Recover Password
System requirements for a valid password:
1. Contains 8 characters or more
2. Contains characters from three of the following four character classes:
-English uppercase characters (A through Z)
-English lowercase characters (a through z)
-Numeric (i.e 0-9)
-Punctuation and other characters (e.g. #$%&()*+,-.:;<=>?@[]^`{|}~)
3. New password can not be any of the previous 3 passwords.
New Password:
Confirm New Password:
Change Password

Once you are done creating your new Password, click **CHANGE PASSWORD** to finish. You will now be able to log into Patient Ally with your Username and **new** Password.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Members Login
Username:
Password:
Forgot Password? Forgot Username?
Log In
SIGN UP NOW!
Key Features
Keep track of your medical records for free!
Schedule/cancel/change appointments with your physicians(s) online.
Communicate with your physicians(s) online.
Request medication/prescription refills.
Store medical documents.
Request/View Lab Results.
FLU.GOV
Know what to do about the flu.
VISIT FLU.GOV
SHARE THIS WIDGET
EHNAC Accredited - Safe and Secure
Patient Ally is part of Office Ally, an accredited EHNAC organization.
EHNAC represents a wide range of stakeholders in its peer-driven effort to advance healthcare through electronic transaction standards. To learn more, visit the EHNAC site.
EHNAC
ACCREDITED
HNAP EHN
This web site is best viewed with Internet Explorer 7 or Mozilla FireFox 3 and above.
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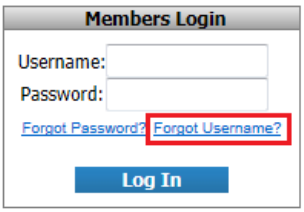
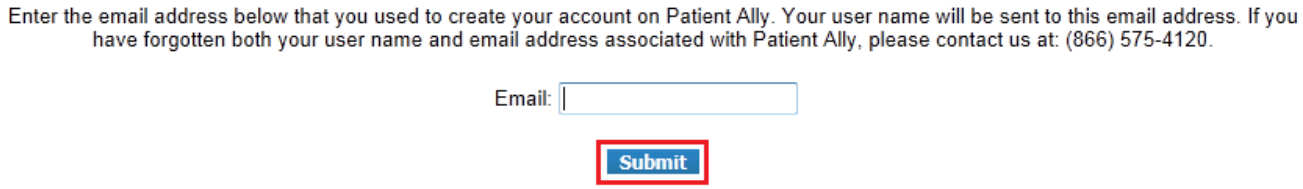
Contact Us
info@patientally.com
888-747-4255

Forgot Username

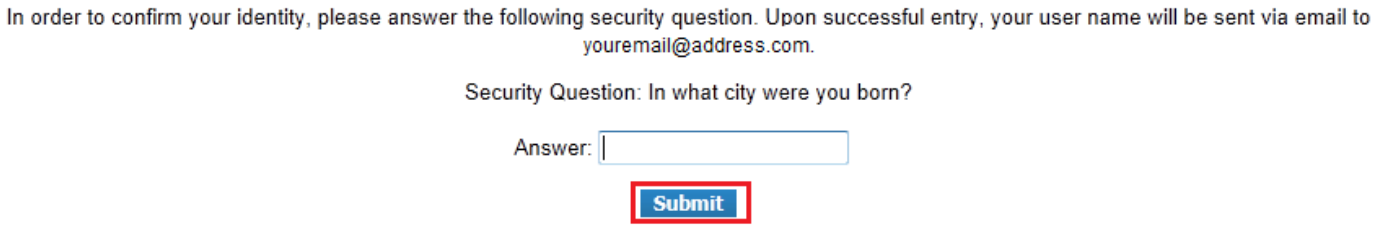
If you cannot remember your Username, please click on the **FORGOT USERNAME** link.



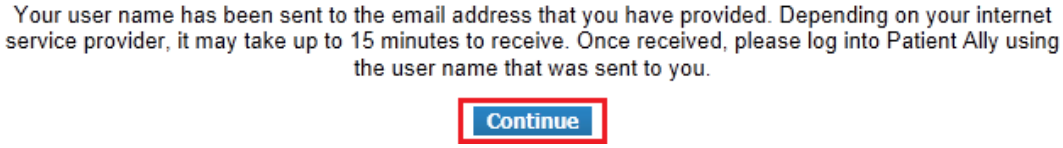
Step 1: You will be prompted to enter in your email. This email needs to match what you already have on file with Patient Ally.


Enter the email address below that you used to create your account on Patient Ally. Your user name will be sent to this email address. If you have forgotten both your user name and email address associated with Patient Ally, please contact us at: (866) 575-4120.
Email:
Submit

Step 2: Next you will be prompted to answer your Security Question.

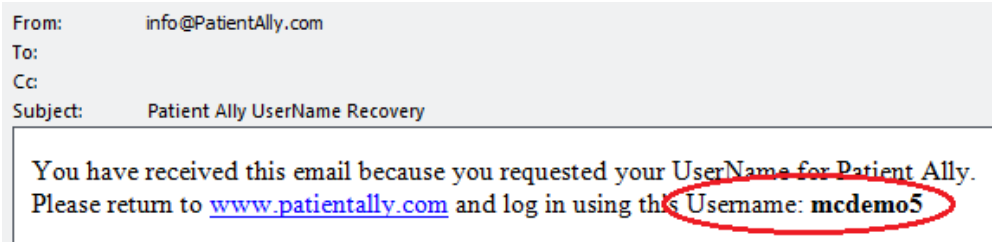

In order to confirm your identity, please answer the following security question. Upon successful entry, your user name will be sent via email to youremail@address.com.
Security Question: In what city were you born?
Answer:
Submit

Step 3: After answering your Security Question, you will be sent an email containing your Username. Please allow up to 15 minutes to receive this email.


Your user name has been sent to the email address that you have provided. Depending on your internet service provider, it may take up to 15 minutes to receive. Once received, please log into Patient Ally using the user name that was sent to you.
Continue

Once you receive the email containing your Username (*example below*), you can click on the attached link to direct you to the Login screen where you can now log in.

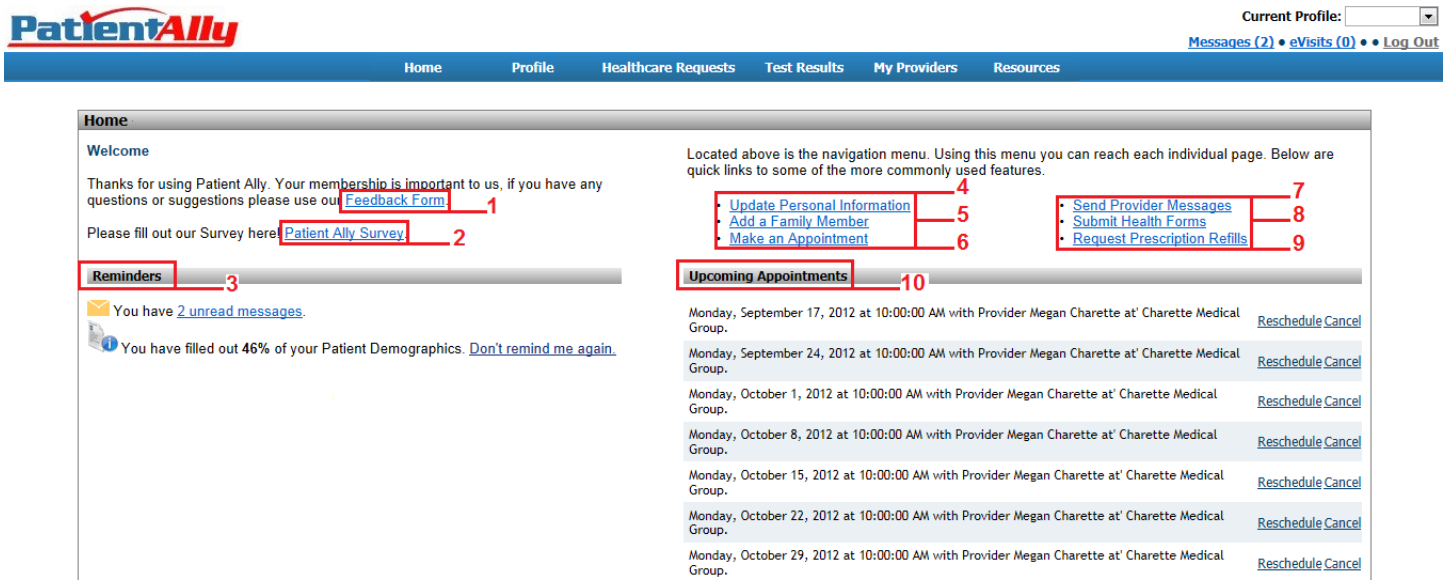
Example:


From: info@PatientAlly.com
To:
Cc:
Subject: Patient Ally UserName Recovery
You have received this email because you requested your UserName for Patient Ally.
Please return to www.patientally.com and log in using this Username: mcdemo5

Contact Us
info@patientally.com
888-747-4255

HOME

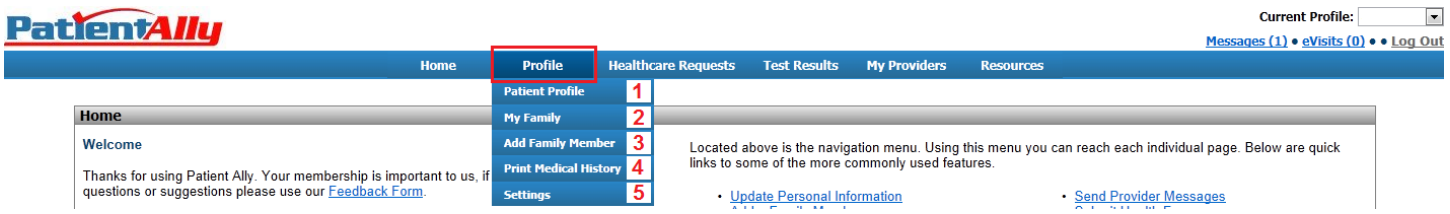
Once you have logged in, you will be on the Home screen of your account.


PatientAlly
Current Profile:
Messages (2) • eVisits (0) • • Log Out
Home
Profile
Healthcare Requests
Test Results
My Providers
Resources
Home
Welcome
Thanks for using Patient Ally. Your membership is important to us, if you have any questions or suggestions please use our Feedback Form.
1
Please fill out our Survey here! Patient Ally Survey.
2
Reminders
3
You have 2 unread messages.
You have filled out 46% of your Patient Demographics. Don't remind me again.
Located above is the navigation menu. Using this menu you can reach each individual page. Below are quick links to some of the more commonly used features.
Update Personal Information
Add a Family Member
Make an Appointment
4
5
6
Send Provider Messages
Submit Health Forms
Request Prescription Refills
7
8
9
Upcoming Appointments
10
Monday, September 17, 2012 at 10:00:00 AM with Provider Megan Charette at' Charette Medical Group. Reschedule Cancel
Monday, September 24, 2012 at 10:00:00 AM with Provider Megan Charette at' Charette Medical Group. Reschedule Cancel
Monday, October 1, 2012 at 10:00:00 AM with Provider Megan Charette at' Charette Medical Group. Reschedule Cancel
Monday, October 8, 2012 at 10:00:00 AM with Provider Megan Charette at' Charette Medical Group. Reschedule Cancel
Monday, October 15, 2012 at 10:00:00 AM with Provider Megan Charette at' Charette Medical Group. Reschedule Cancel
Monday, October 22, 2012 at 10:00:00 AM with Provider Megan Charette at' Charette Medical Group. Reschedule Cancel
Monday, October 29, 2012 at 10:00:00 AM with Provider Megan Charette at' Charette Medical Group. Reschedule Cancel

From Home, you can use quick links to access certain parts of your Patient Ally account:

1. **Feedback Form** – Can send suggestions, comments or questions regarding Patient Ally.
2. **Patient Ally Survey** – Can complete a short survey to let us know how Patient Ally is working for you.
3. **Reminders** – Can see reminders for Messages, Appointments, as well as a reminder to complete your Profile.
4. **Update Personal Information** – Can add to and edit your Patient Profile.
5. **Add Family Member** – Can add additional family members to Patient Ally (*Note: Patient information is kept separate, but only one login is needed for all family members and you can change between profiles.*)
6. **Make an Appointment** – Can request to schedule, reschedule and cancel appointments.
7. **Send Provider Messages** – Can view and compose messages to your Provider.
8. **Submit Health Forms** – Can send information to your Provider such as Allergies, Family History, Immunizations, Medical History, Social History and Surgical History.
9. **Request Prescription Refills** – Can request refills for medications your Provider has prescribed.
10. **Upcoming Appointments** – Can view all upcoming appointments. You can also choose to reschedule or cancel an existing appointment.

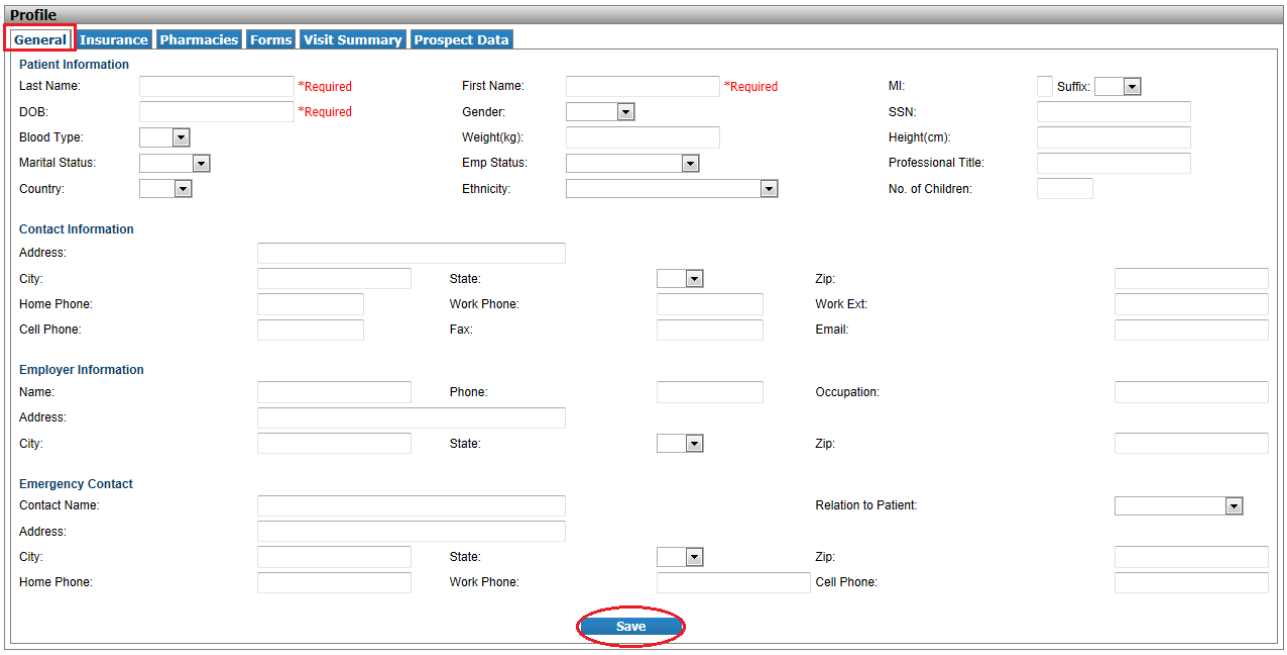
PROFILE


PatientAlly
Current Profile:
Messages (1) • eVisits (0) • • Log Out
Home
Profile
Healthcare Requests
Test Results
My Providers
Resources
Patient Profile 1
My Family 2
Add Family Member 3
Print Medical History 4
Settings 5
Home
Welcome
Thanks for using Patient Ally. Your membership is important to us, if you have any questions or suggestions please use our Feedback Form.
Located above is the navigation menu. Using this menu you can reach each individual page. Below are quick links to some of the more commonly used features.
Update Personal Information
Send Provider Messages

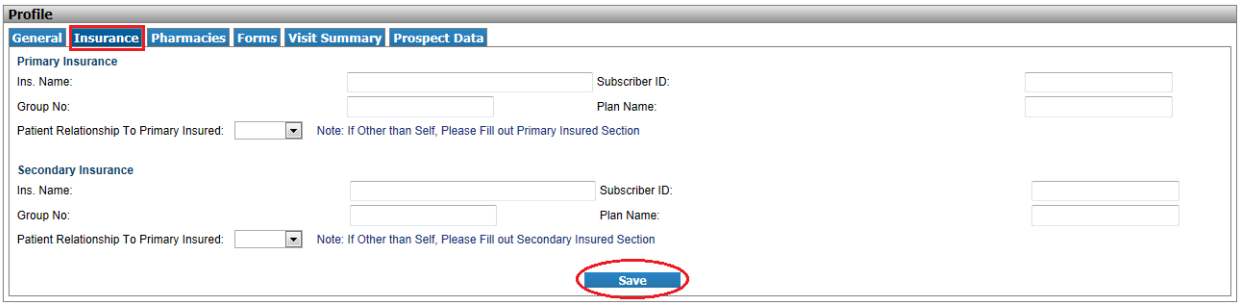
Contact Us
info@patientally.com
888-747-4255

1. **PATIENT PROFILE** – You can store Demographics, Insurance, Pharmacy and History Information in your Patient Profile. Intake Documents are available under the **Forms** tab and Visit Information is listed under the **Visit Summary** tab.

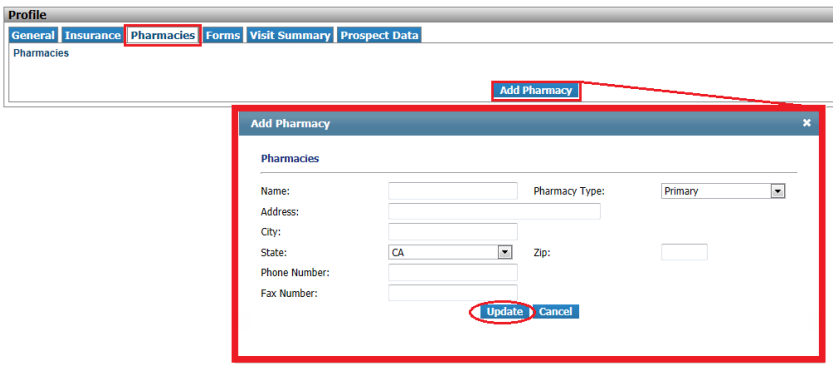
General: Fill out your demographic information and click **SAVE**.



Insurance: Fill out your Insurance information and click **SAVE**.



Pharmacies: You can add your Pharmacies by clicking on **ADD NEW**. Enter Pharmacy information and click **UPDATE**.



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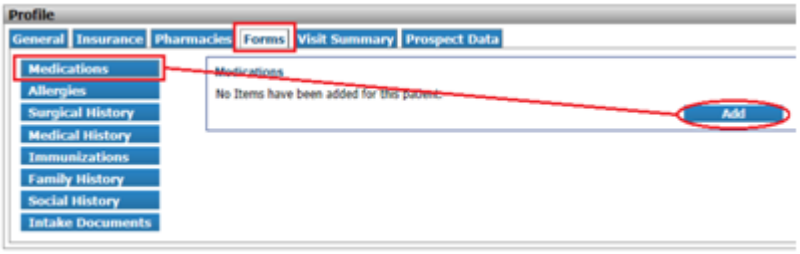
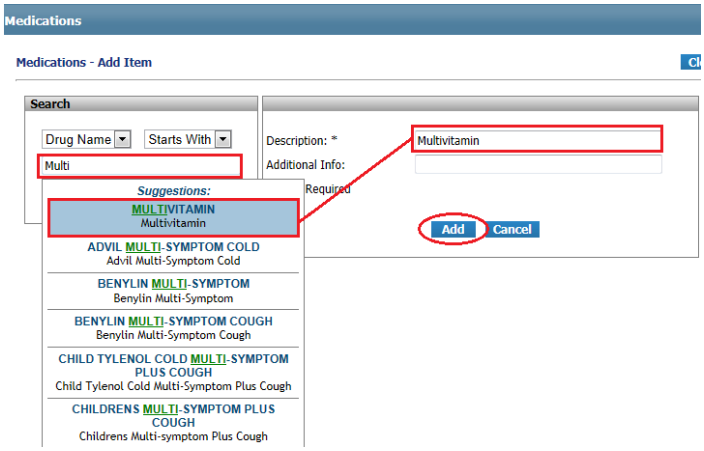
Forms: You can populate Medications, Allergies and History, as well as have access to any Intake Documents your Provider has made available.

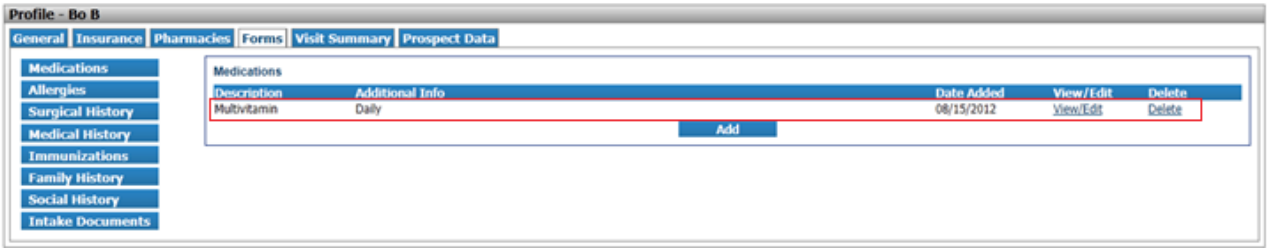
Adding Medications – Click **ADD**. You will get a pop-up to search for your medication.



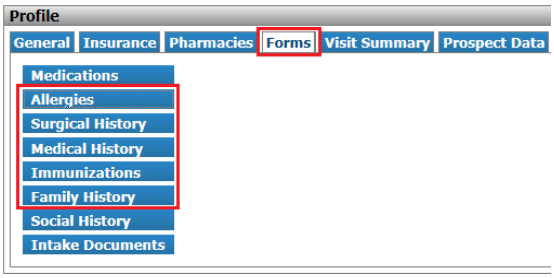
When you start typing in the Search bar, you will receive a list of suggestions for medications. Select your medication and then click **ADD**.



Your medication has now been added successfully. Repeat steps if you have additional medications.



You will repeat the same steps to add your *Allergies*, *Surgical History*, *Medical History*, *Immunizations* and *Family History*.



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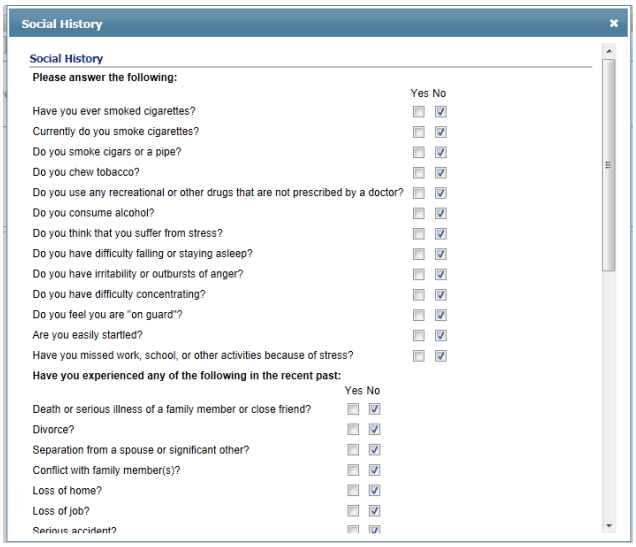
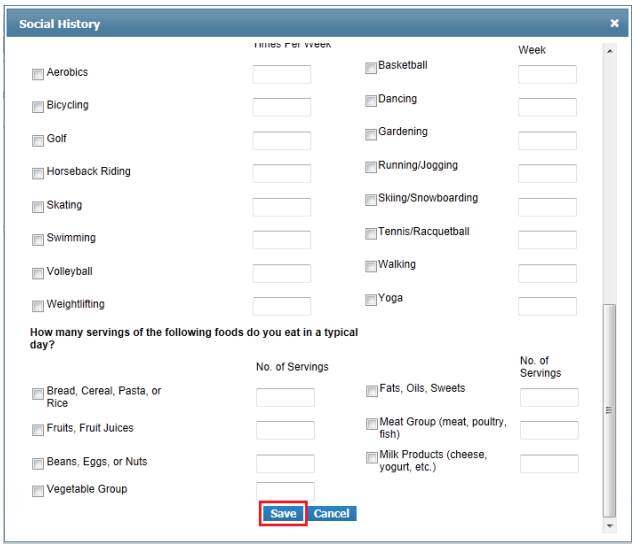
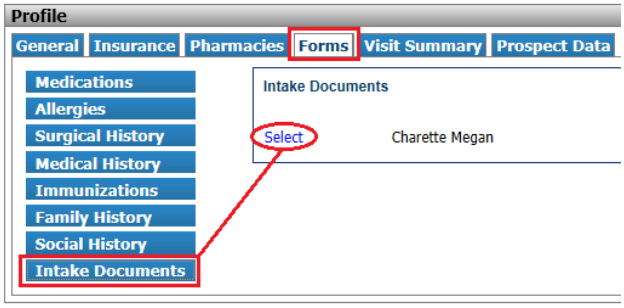
Social History – Complete form by marking Yes/No and checking off activities and food servings. Click **SAVE** when finished.

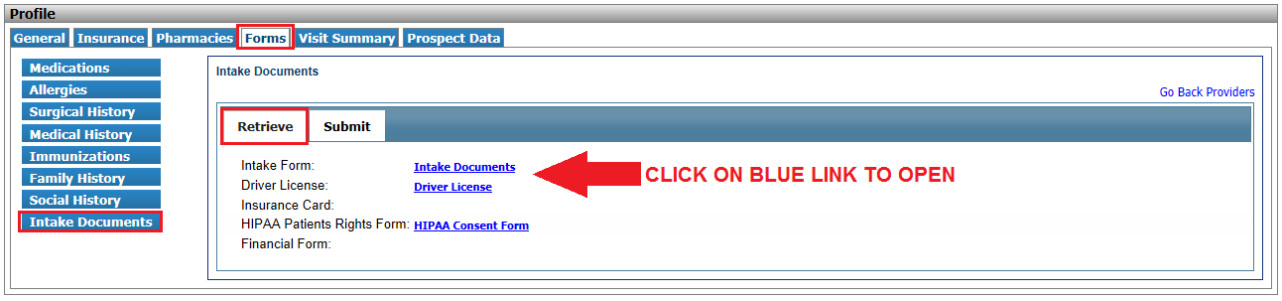

Social History
Social History
Please answer the following:
Yes No
Have you ever smoked cigarettes?
Currently do you smoke cigarettes?
Do you smoke cigars or a pipe?
Do you chew tobacco?
Do you use any recreational or other drugs that are not prescribed by a doctor?
Do you consume alcohol?
Do you think that you suffer from stress?
Do you have difficulty falling or staying asleep?
Do you have irritability or outbursts of anger?
Do you have difficulty concentrating?
Do you feel you are "on guard"?
Are you easily startled?
Have you missed work, school, or other activities because of stress?
Have you experienced any of the following in the recent past:
Yes No
Death or serious illness of a family member or close friend?
Divorce?
Separation from a spouse or significant other?
Conflict with family member(s)?
Loss of home?
Loss of job?
Serious accident?



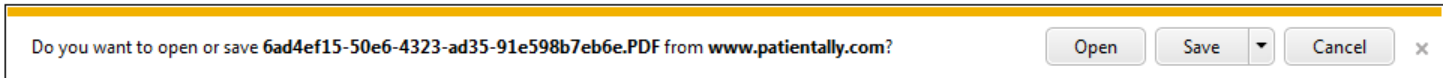
Intake Documents – Click **INTAKE DOCUMENTS** and then click **SELECT** next to your Provider.



You will see any documents your Provider has made available to you under the Retrieve tab. Click on the document that you would like to open and complete.



You will receive a pop-up asking if you would like to Open or Save the file, select either option. Depending on the file type, you may be able to save it on your computer and fill it out without having to print. If you do not have an option to type on the document, you will need to print it.



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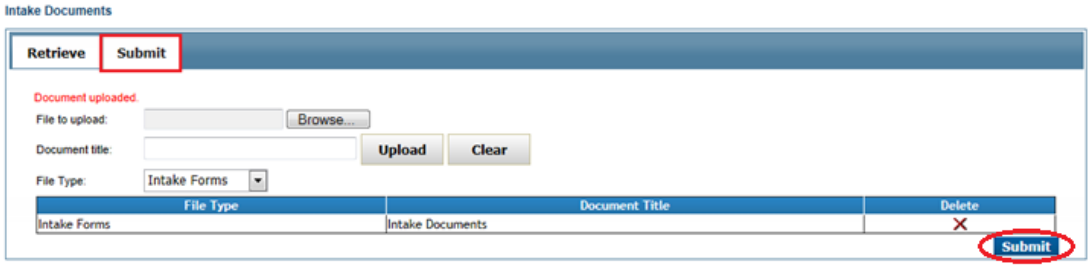
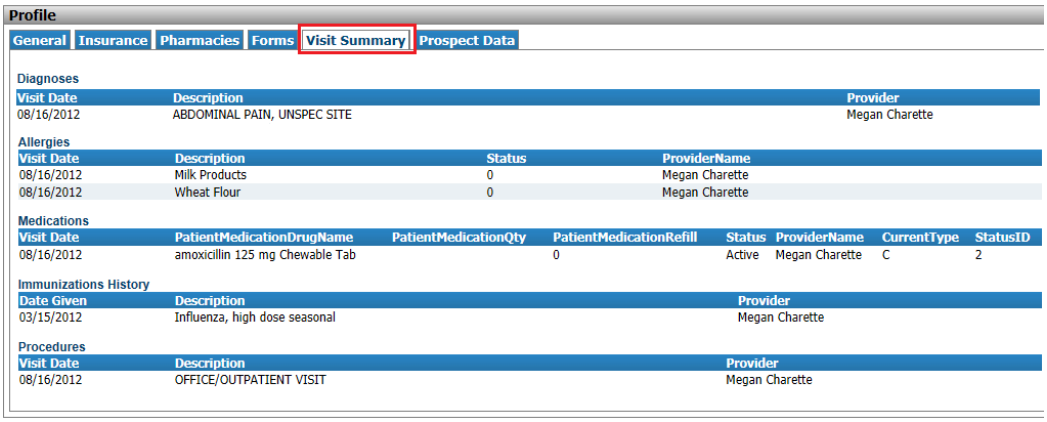
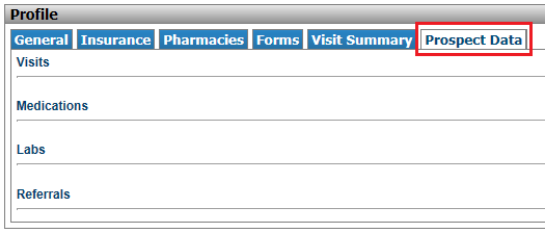
To be able to send the document back to your Provider electronically, click on the Submit tab. You will need to browse for the document on your computer and then select the file. Next, enter in the Document Title, select the File Type and then click **Upload**. The document should be displayed once uploaded. You can repeat the steps to add multiple documents if needed. When ready, click **SUBMIT** to send any attached documents to your Provider.



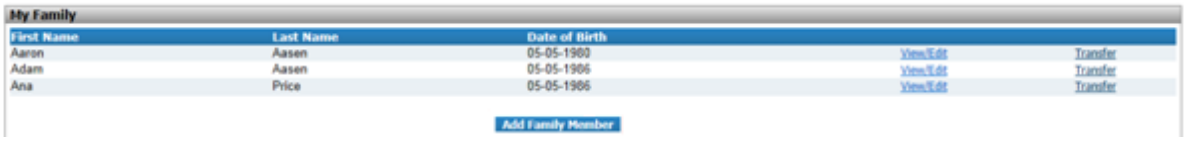
Visit Summary: Information from your Provider regarding your office visit, such as Diagnoses, Allergies, Current and Prescribed Medications, Immunizations and Procedures. [*Note: You will only have access to view information if your Provider has enabled this feature.]*



Prospect Data: *COMING SOON!*



2. **MY FAMILY** – Gives you access to additional family member profiles. You can view, edit, as well as transfer information to a separate Patient Ally account. Also, you will have the ability to add a new family member from this page.



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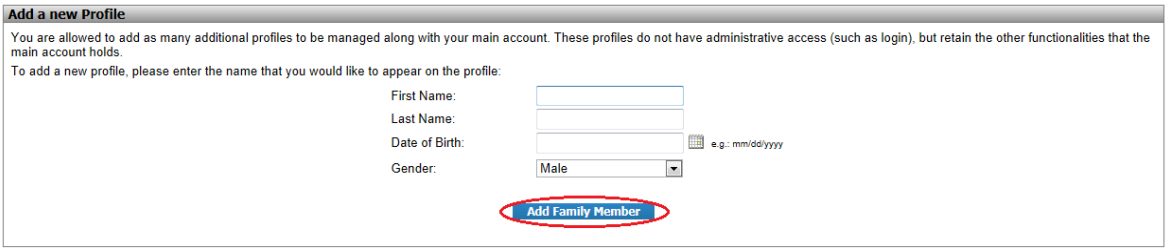
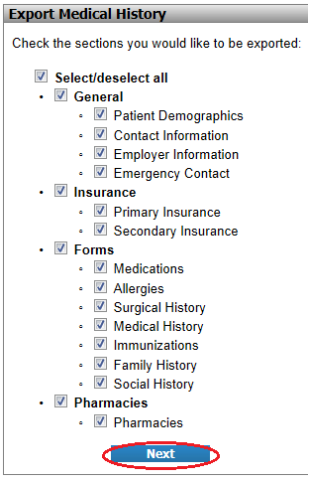
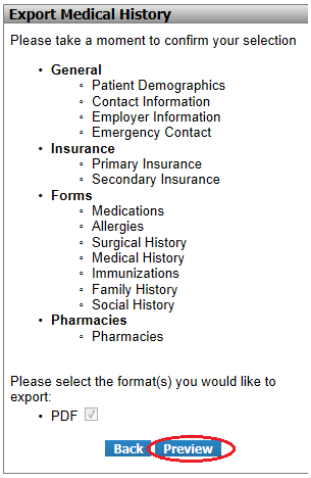
3. **ADD FAMILY MEMBER** – Ability to add family members to Patient Ally. Enter in First and Last Name, Date of Birth, Gender and click **ADD FAMILY MEMBER**.

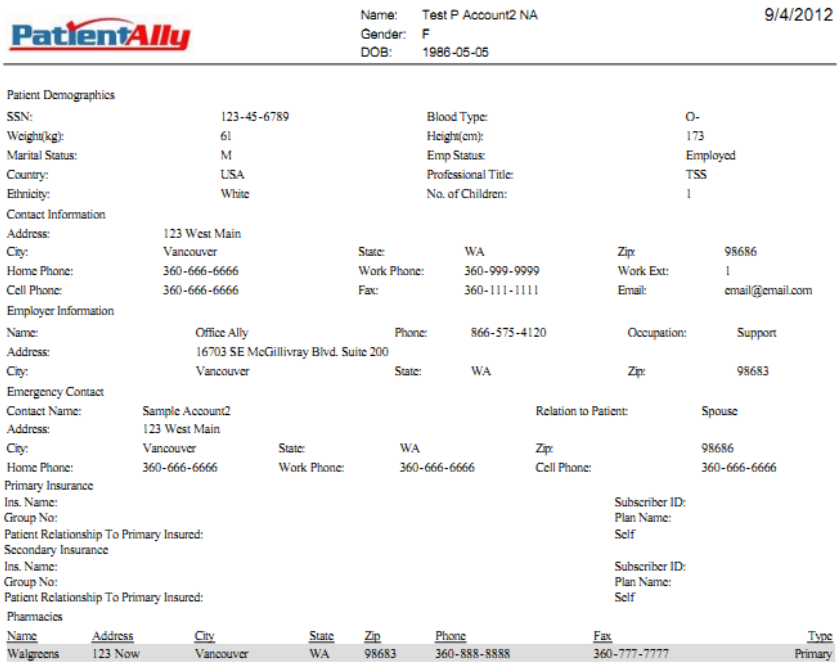

Add a new Profile
You are allowed to add as many additional profiles to be managed along with your main account. These profiles do not have administrative access (such as login), but retain the other functionalities that the main account holds.
To add a new profile, please enter the name that you would like to appear on the profile:
First Name:
Last Name:
Date of Birth:
e.g.: mm/dd/yyyy
Gender:
Male
Add Family Member

4. **PRINT MEDICAL HISTORY** – Option to print Demographics, Insurance, History and Pharmacy Information. Select or unselect the information you would like to print and click **NEXT**. Confirm your selections and click **PREVIEW** when you are ready to print. Click **BACK** if you would like to add or remove any selections.





Example of Medical History Print Preview:



PatientAlly

Name: Test P Account2 NA
Gender: F
DOB: 1986-05-05

9/4/2012

Patient Demographics

SSN:	123-45-6789	Blood Type:	O-
Weight(kg):	61	Height(cm):	173
Marital Status:	M	Emp Status:	Employed
Country:	USA	Professional Title:	TSS
Ethnicity:	White	No. of Children:	1

Contact Information

Address:	123 West Main				
City:	Vancouver	State:	WA	Zip:	98686
Home Phone:	360-666-6666	Work Phone:	360-999-9999	Work Ext:	1
Cell Phone:	360-666-6666	Fax:	360-111-1111	Email:	email@email.com

Employer Information

Name:	Office Ally	Phone:	866-575-4120	Occupation:	Support
Address:	16703 SE McGillivray Blvd. Suite 200				
City:	Vancouver	State:	WA	Zip:	98683

Emergency Contact

Contact Name:	Sample Account2			Relation to Patient:	Spouse
Address:	123 West Main				
City:	Vancouver	State:	WA	Zip:	98686
Home Phone:	360-666-6666	Work Phone:	360-666-6666	Cell Phone:	360-666-6666

Primary Insurance

Ins. Name:			Subscriber ID:
Group No:			Plan Name:
Patient Relationship To Primary Insured:			Self

Secondary Insurance

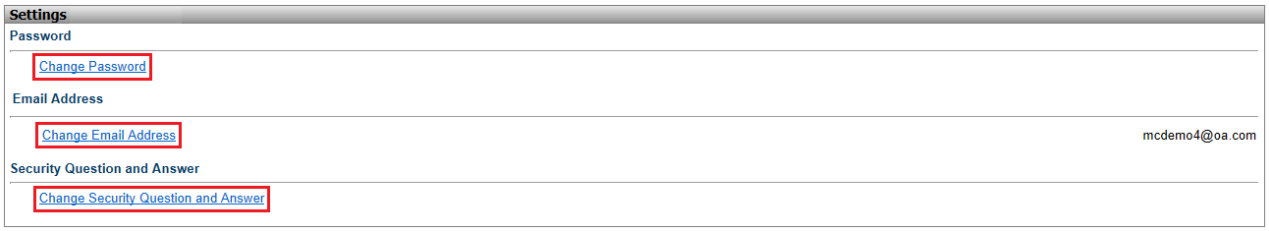
Ins. Name:			Subscriber ID:
Group No:			Plan Name:
Patient Relationship To Primary Insured:			Self

Pharmacies

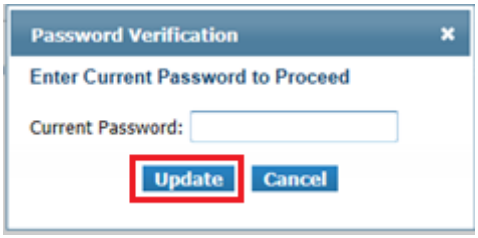
Name	Address	City	State	Zip	Phone	Fax	Type
Walgreens	123 Now	Vancouver	WA	98683	360-888-8888	360-777-7777	Primary

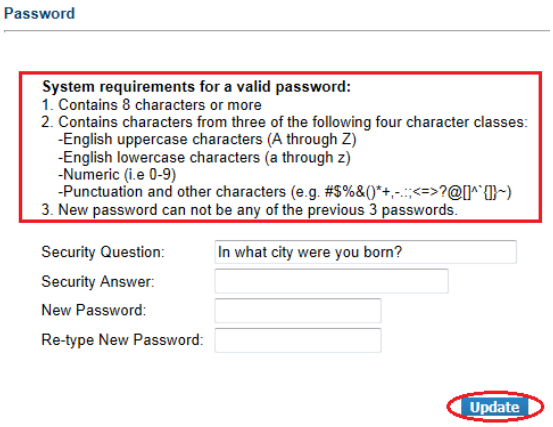
Contact Us
info@patientally.com
888-747-4255

5. **SETTINGS** – Allows you to change your Password, Email, or Security Question and Answer.

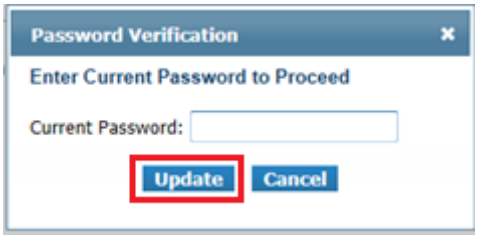


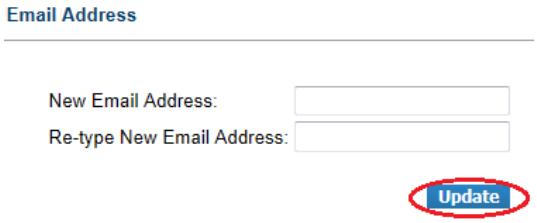
Change Password: Click on the **CHANGE PASSWORD** link. Enter your current Password and click **UPDATE**. You will need to follow the system requirements for changing your Password to avoid receiving an error. Click **UPDATE** to save.



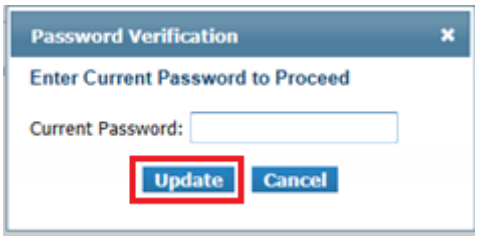

Password
System requirements for a valid password:
1. Contains 8 characters or more
2. Contains characters from three of the following four character classes:
-English uppercase characters (A through Z)
-English lowercase characters (a through z)
-Numeric (i.e 0-9)
-Punctuation and other characters (e.g. #$%&()*+,-.;<=>?@[]^`{|}~)
3. New password can not be any of the previous 3 passwords.
Security Question:
In what city were you born?
Security Answer:
New Password:
Re-type New Password:
Update

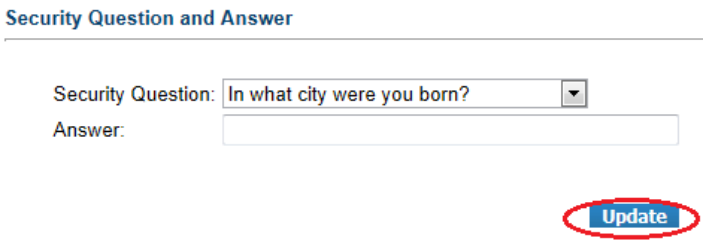
Change Email Address: Click on the **CHANGE EMAIL** link. Enter your current Password and click **UPDATE**. When you have entered in your new email address, click **UPDATE** to save.





Change Security Question and Answer: Click on the **CHANGE SECURITY QUESTION AND ANSWER** link. Enter your current Password and click **UPDATE**. Select your Security Question from the drop-down list and then enter in your Answer. Click **UPDATE** to save.





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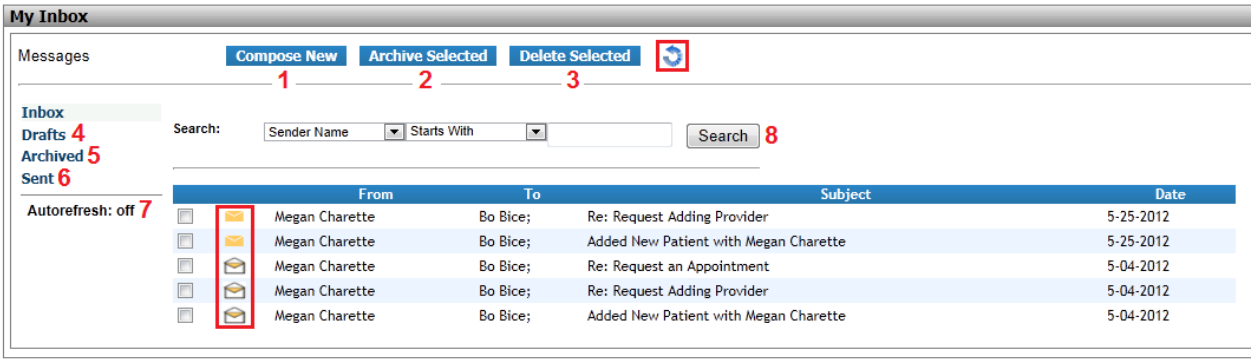
HEALTHCARE REQUESTS

PatientAlly
Current Profile:
Messages (1) • eVisits (0) • • Log Out
Home
Profile
Healthcare Requests
Test Results
My Providers
Resources
Messages 1
eVisits 2
Appointments 3
Document Center 4
Submit Health Forms 5
Prescription Refills 6
Home
Welcome
Thanks for using Patient Ally. Your membership is important to us, if you have any questions or suggestions please use our Feedback Form.
Please fill out our Survey here! Patient Ally Survey.
ove is the navigation menu. Using this menu you can reach each individual page. Below are quick
e of the more commonly used features.
te Personal Information
a Family Member
e an Appointment
Send Provider Messages
Submit Health Forms
Request Prescription Refills

1. **<u>MESSAGES</u>** – Allows you to compose, view and reply to messages. You will automatically be in the INBOX when you select Messages. The Inbox will list most recent messages first. You will see who the message is from, who the message is sent to (YOU), the subject and the date the message was sent. To open a message, simply click on the envelope icon.

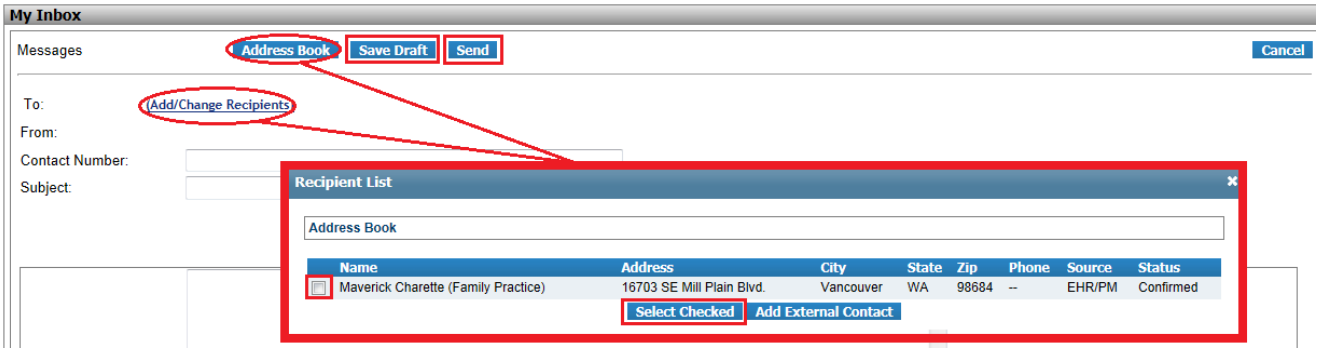


= Unread Messages

= Read Messages

= Refresh

(1) **<u>Compose New</u>** – Click **ADD/CHANGE RECIPIENT** or click **ADDRESS BOOK**, select your Provider and then click **SELECT CHECKED**. Enter in a Contact Number, Subject and Message. Click **SEND** when finished or if you are not ready to send the message, click **SAVE DRAFT**.



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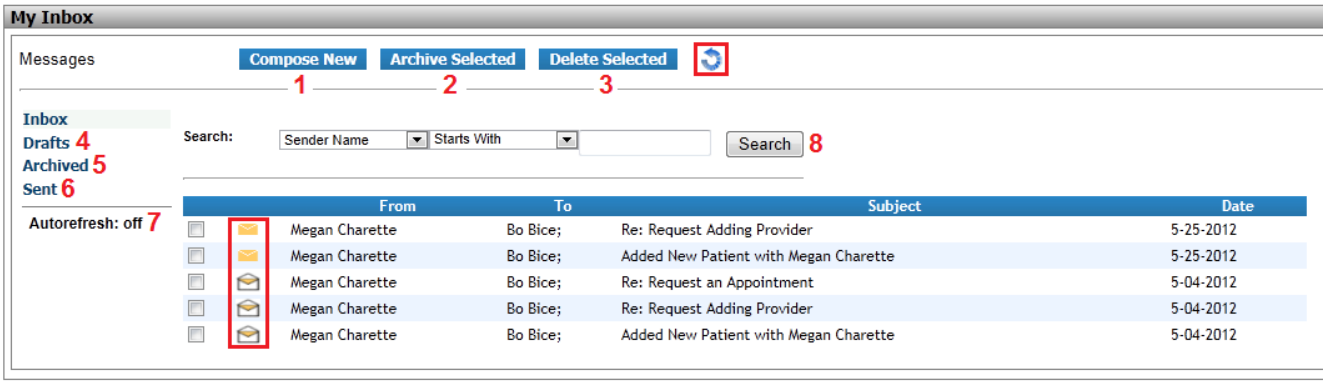
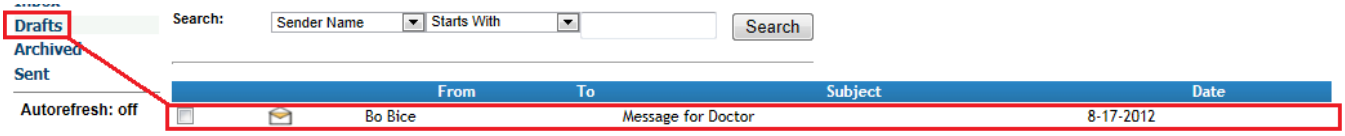


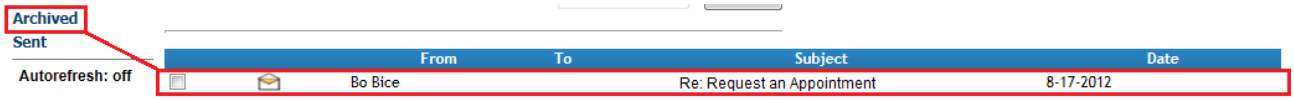
(2) **Archive Selected** – Select the checkmark box for the messages you would like to archive from your Inbox. Click on **ARCHIVE SELECTED** and they will be removed from your Inbox. To view them later, click on **ARCHIVED**.

(3) **Delete Selected** – Select the checkmark box for the messages you would like to delete from your Inbox. Click on **DELETE SELECTED**. They will be **permanently deleted** from your Patient Ally account.

(4) **Drafts** – View messages saved to your Drafts folder. To open and view the message, click on the icon.



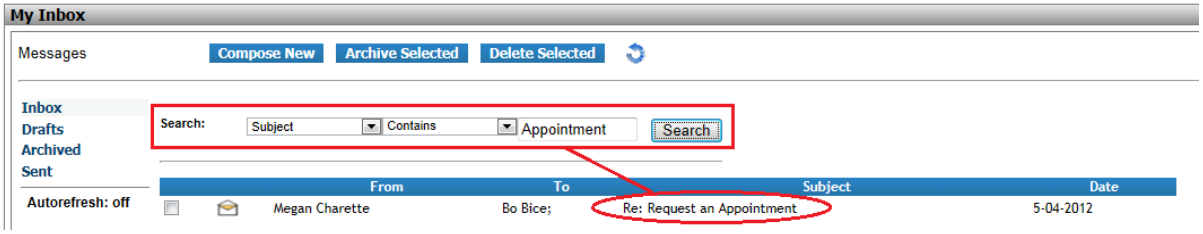
(5) **Archived** – View messages saved to your Archived folder. To open and view the message, click on the icon.



(6) **Sent** – View messages you have sent through Patient Ally. To open and view the message, click on the icon. If you have previously viewed the message, the icon will be instead.

(7) **Autorefresh** – Can setup an autorefresh interval so you don't have to manually click the icon.

(8) **Search** – Can search for messages. Enter in what you are searching for and click **SEARCH**.



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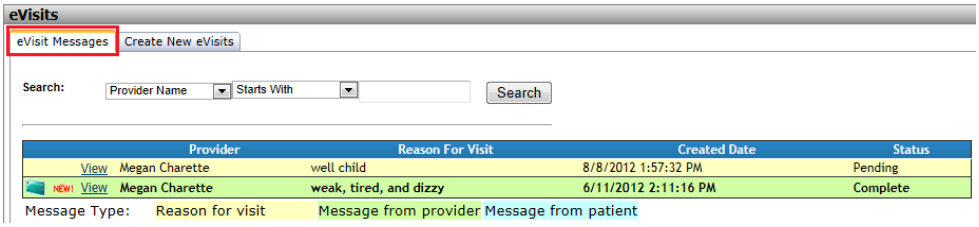
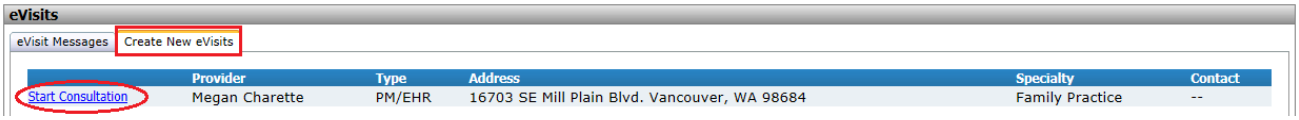
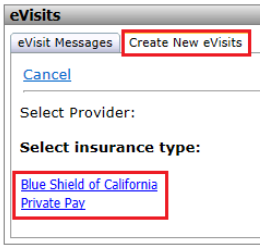
2. **EVISITS** – Allows you to have an online consultation with your Provider for a set fee. You will complete a series of questions based on your symptoms and your Provider will be able to respond. You will be prompted to pay prior to viewing any responses from your Provider. Fees are set by your Provider. You can view recent eVisits you have created that are pending a response from your Provider, as well as view eVisits that your Provider has already responded to.



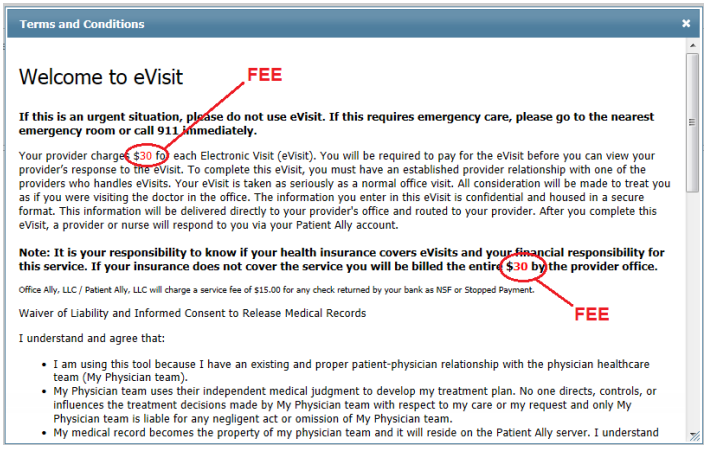
To start a new eVisit, click the **CREATE NEW EVISITS** tab. You will see your Provider displayed if they accept Visits. Click **START CONSULTATION**.

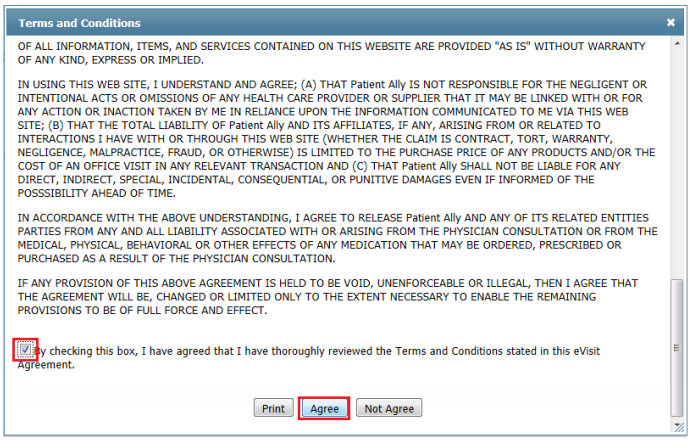


Next, select what type of Insurance you have. If you are a Blue Shield of California Member, click **BLUE SHIELD OF CALIFORNIA**. It will automatically check eligibility for you before you proceed. For all other patients, click **PRIVATE PAY**.



After you have selected Private Pay, you will receive a Terms and Conditions Agreement that you will want to review regarding your eVisit. You will see the fee your Provider is charging in (2) places. Scroll through the agreement and check the box indicating you have read and agree to the terms, then click **AGREE** to proceed.


Terms and Conditions
Welcome to eVisit
FEE
If this is an urgent situation, please do not use eVisit. If this requires emergency care, please go to the nearest emergency room or call 911 immediately.
Your provider charges $30 for each Electronic Visit (eVisit). You will be required to pay for the eVisit before you can view your provider's response to the eVisit. To complete this eVisit, you must have an established provider relationship with one of the providers who handles eVisits. Your eVisit is taken as seriously as a normal office visit. All consideration will be made to treat you as if you were visiting the doctor in the office. The information you enter in this eVisit is confidential and housed in a secure format. This information will be delivered directly to your provider's office and routed to your provider. After you complete this eVisit, a provider or nurse will respond to you via your Patient Ally account.
Note: It is your responsibility to know if your health insurance covers eVisits and your financial responsibility for this service. If your insurance does not cover the service you will be billed the entire $30 by the provider office.
Office Ally, LLC / Patient Ally, LLC will charge a service fee of $15.00 for any check returned by your bank as NSF or Stopped Payment.
FEE
Waiver of Liability and Informed Consent to Release Medical Records
I understand and agree that:
I am using this tool because I have an existing and proper patient-physician relationship with the physician healthcare team (My Physician team).
My Physician team uses their independent medical judgment to develop my treatment plan. No one directs, controls, or influences the treatment decisions made by My Physician team with respect to my care or my request and only My Physician team is liable for any negligent act or omission of My Physician team.
My medical record becomes the property of my physician team and it will reside on the Patient Ally server. I understand


Terms and Conditions
OF ALL INFORMATION, ITEMS, AND SERVICES CONTAINED ON THIS WEBSITE ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND, EXPRESS OR IMPLIED.
IN USING THIS WEB SITE, I UNDERSTAND AND AGREE; (A) THAT Patient Ally IS NOT RESPONSIBLE FOR THE NEGLIGENT OR INTENTIONAL ACTS OR OMISSIONS OF ANY HEALTH CARE PROVIDER OR SUPPLIER THAT IT MAY BE LINKED WITH OR FOR ANY ACTION OR INACTION TAKEN BY ME IN RELIANCE UPON THE INFORMATION COMMUNICATED TO ME VIA THIS WEB SITE; (B) THAT THE TOTAL LIABILITY OF Patient Ally AND ITS AFFILIATES, IF ANY, ARISING FROM OR RELATED TO INTERACTIONS I HAVE WITH OR THROUGH THIS WEB SITE (WHETHER THE CLAIM IS CONTRACT, TORT, WARRANTY, NEGLIGENCE, MALPRACTICE, FRAUD, OR OTHERWISE) IS LIMITED TO THE PURCHASE PRICE OF ANY PRODUCTS AND/OR THE COST OF AN OFFICE VISIT IN ANY RELEVANT TRANSACTION AND (C) THAT Patient Ally SHALL NOT BE LIABLE FOR ANY DIRECT, INDIRECT, SPECIAL, INCIDENTAL, CONSEQUENTIAL, OR PUNITIVE DAMAGES EVEN IF INFORMED OF THE POSSSIBILITY AHEAD OF TIME.
IN ACCORDANCE WITH THE ABOVE UNDERSTANDING, I AGREE TO RELEASE Patient Ally AND ANY OF ITS RELATED ENTITIES PARTIES FROM ANY AND ALL LIABILITY ASSOCIATED WITH OR ARISING FROM THE PHYSICIAN CONSULTATION OR FROM THE MEDICAL, PHYSICAL, BEHAVIORAL OR OTHER EFFECTS OF ANY MEDICATION THAT MAY BE ORDERED, PRESCRIBED OR PURCHASED AS A RESULT OF THE PHYSICIAN CONSULTATION.
IF ANY PROVISION OF THIS ABOVE AGREEMENT IS HELD TO BE VOID, UNENFORCEABLE OR ILLEGAL, THEN I AGREE THAT THE AGREEMENT WILL BE, CHANGED OR LIMITED ONLY TO THE EXTENT NECESSARY TO ENABLE THE REMAINING PROVISIONS TO BE OF FULL FORCE AND EFFECT.
By checking this box, I have agreed that I have thoroughly reviewed the Terms and Conditions stated in this eVisit Agreement.
Print
Agree
Not Agree

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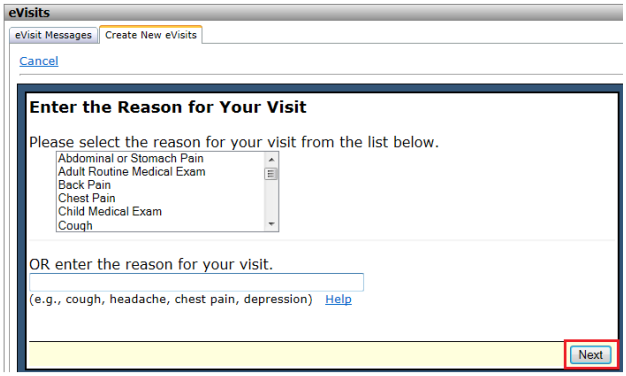
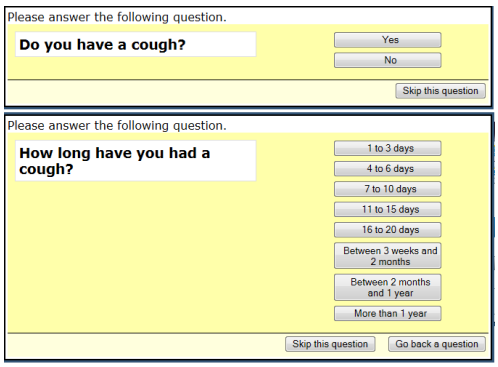
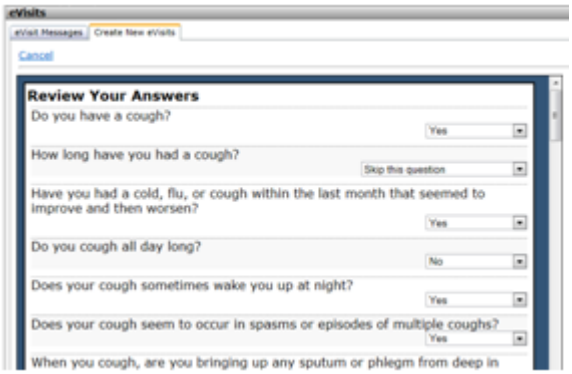
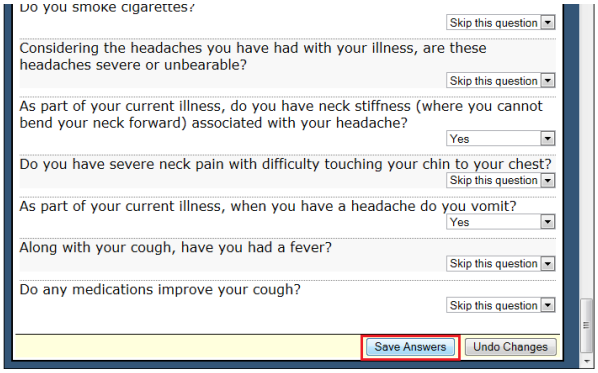
Next, a list of reasons for the eVisit will be displayed. Scroll through to find your reason. If you do not see a reason close to your symptoms, manually type in your reason. Click **NEXT** to proceed. Examples of what the questions will look like are listed below.



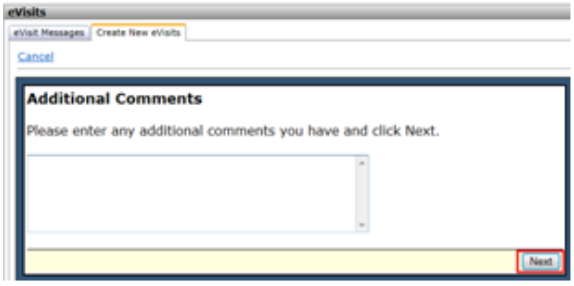

Please answer the following question.
Do you have a cough?
Yes
No
Skip this question
Please answer the following question.
How long have you had a cough?
1 to 3 days
4 to 6 days
7 to 10 days
11 to 15 days
16 to 20 days
Between 3 weeks and 2 months
Between 2 months and 1 year
More than 1 year
Skip this question
Go back a question

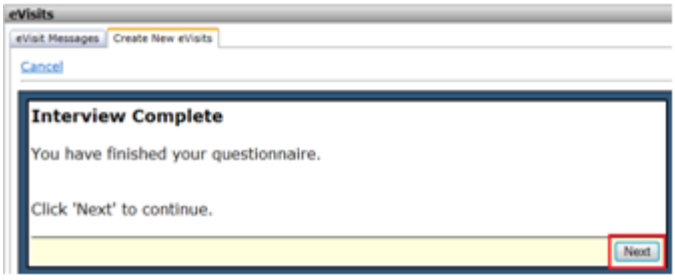
Once you have completed the questionnaire, you will be able to review all of your answers and change any if needed. When you are satisfied with your answers, click **SAVE ANSWERS** at the bottom of the page.


eVisits
Cancel
Review Your Answers
Do you have a cough?
How long have you had a cough?
Have you had a cold, flu, or cough within the last month that seemed to improve and then worsen?
Do you cough all day long?
Does your cough sometimes wake you up at night?
Does your cough seem to occur in spasms or episodes of multiple coughs?
When you cough, are you bringing up any sputum or phlegm from deep in

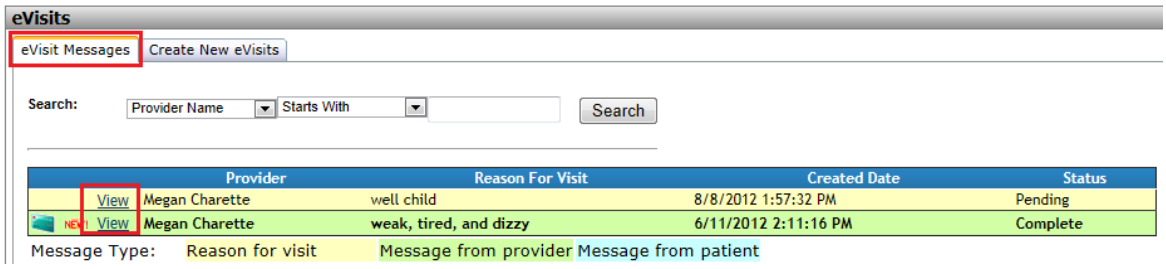

Do you smoke cigarettes?
Considering the headaches you have had with your illness, are these headaches severe or unbearable?
As part of your current illness, do you have neck stiffness (where you cannot bend your neck forward) associated with your headache?
Do you have severe neck pain with difficulty touching your chin to your chest?
As part of your current illness, when you have a headache do you vomit?
Along with your cough, have you had a fever?
Do any medications improve your cough?
Skip this question
Save Answers
Undo Changes

If you would like to include any additional comments for your Provider to read, add comments and click **NEXT**. You have now completed your eVisit. Click **NEXT** again to finish.





To view responses from your Provider, click **VIEW** next to the eVisit.



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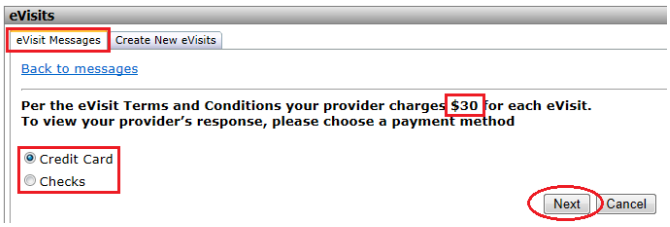
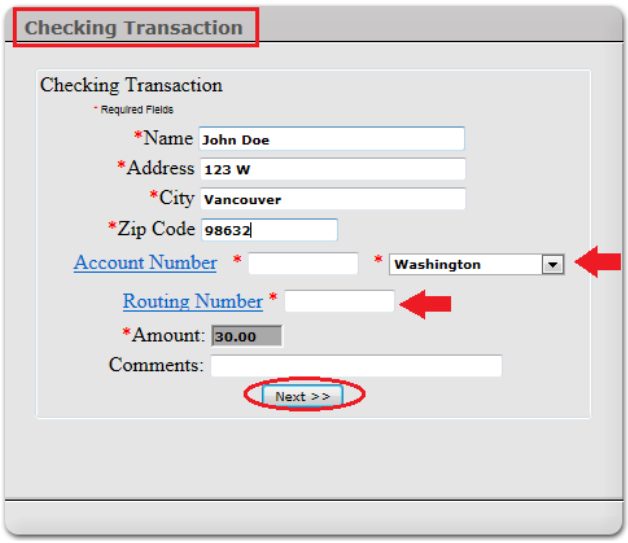
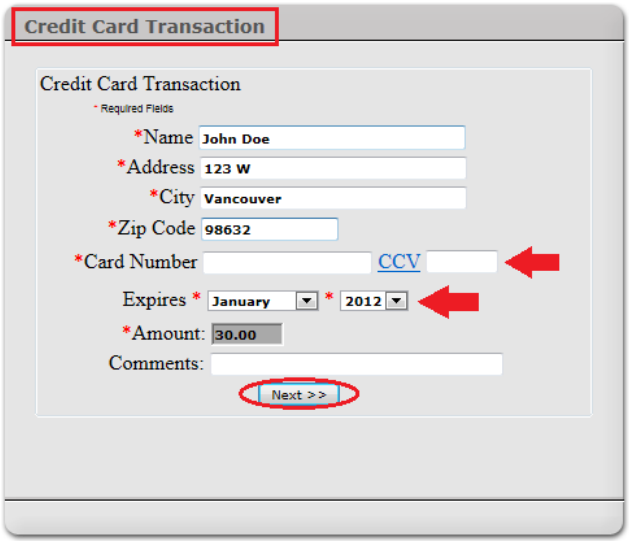
You will now be prompted to pay for the eVisit, either by Credit Card or Check. It will also specify your Providers charge for the eVisit. Select your method of payment and click **NEXT**.

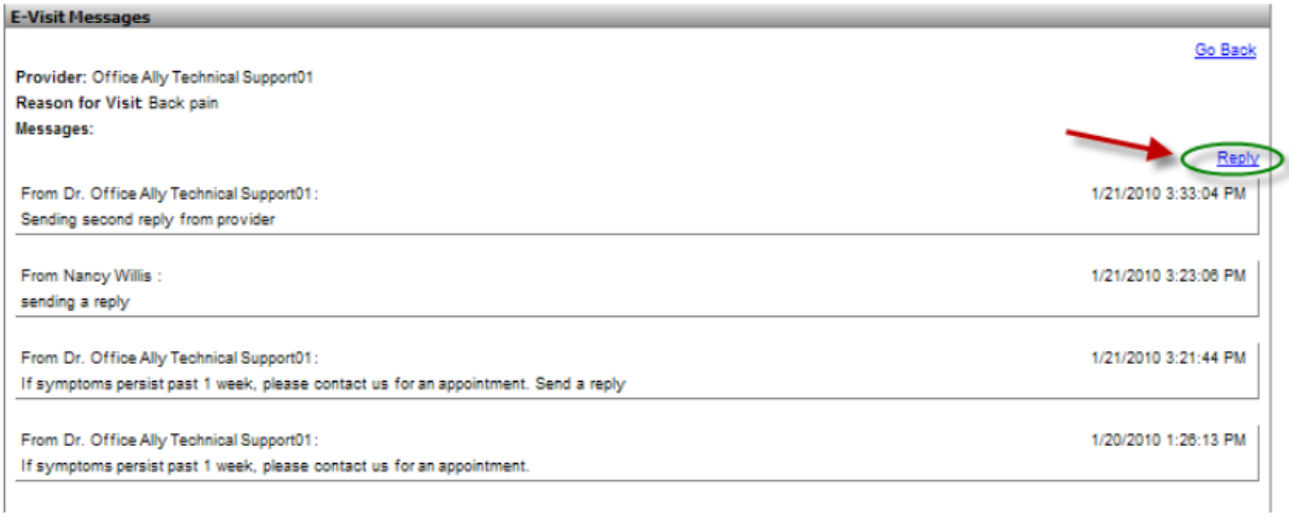


Regardless of payment method, some of your demographics will automatically populate if the information has been saved in your Patient Ally account (*Name, Address, City, State and Zip*). Enter your Account/Routing Number if you are paying by Check or enter in your Card Number, CCV Code and Expiration Date if you are paying by Credit Card. Click **NEXT** to verify and complete payment.





Below is an example of what your eVisit response will look like from your Provider. You will be able to reply until the eVisit has been marked Complete by your Provider.


E-Visit Messages
Go Back
Provider: Office Ally Technical Support01
Reason for Visit: Back pain
Messages:
Reply
From Dr. Office Ally Technical Support01: 1/21/2010 3:33:04 PM
Sending second reply from provider
From Nancy Willis : 1/21/2010 3:23:06 PM
sending a reply
From Dr. Office Ally Technical Support01: 1/21/2010 3:21:44 PM
If symptoms persist past 1 week, please contact us for an appointment. Send a reply
From Dr. Office Ally Technical Support01: 1/20/2010 1:26:13 PM
If symptoms persist past 1 week, please contact us for an appointment.

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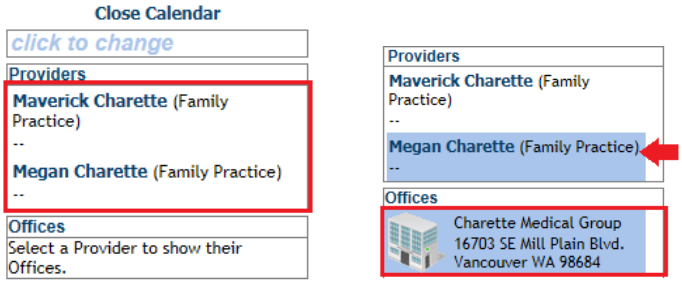
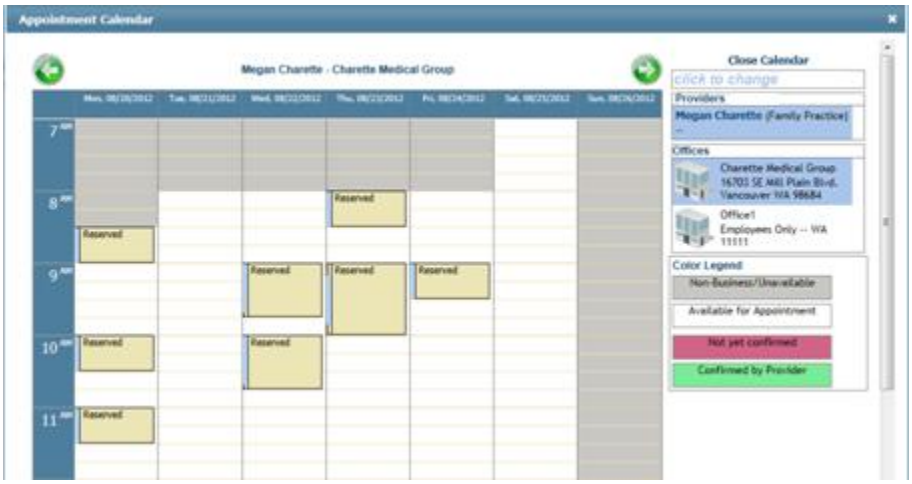
3. **APPOINTMENTS** – You will have the ability to request appointments based off your Providers schedule. Your Provider will need to approve the appointment before it is confirmed. To request an appointment, click **SCHEDULE AN APPOINTMENT**.

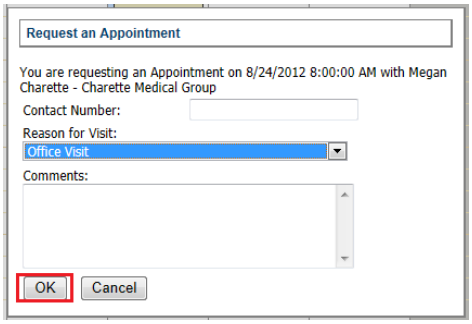
To pull up your Provider's schedule, first select their name on the right side of the Appointment Calendar window and then select their Office.

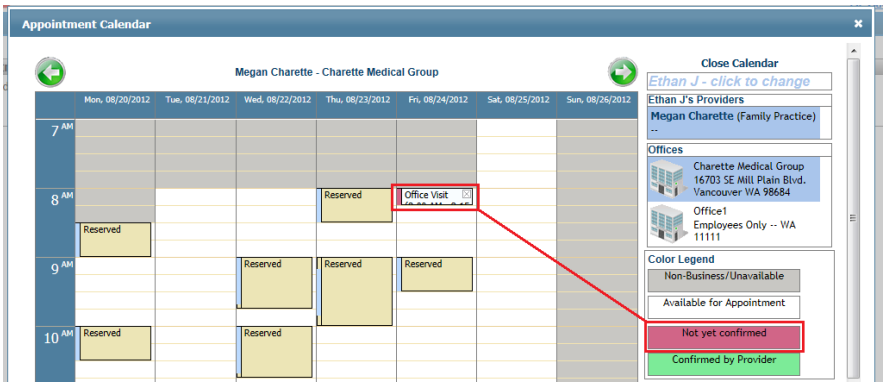


The schedule should now refresh with the Provider's office hours. Any time slots that are grey or show as Reserved are not available. All white time slots are available. Click on a day and time you would like to request for your appointment.



When you click on a specific day and time, you will be prompted to enter in your Contact Number, Reason for Visit and any additional comments. Click **OK** when finished. You will now see your appointment request on the Appointment Calendar. It will remain red until your Provider has confirmed the appointment.





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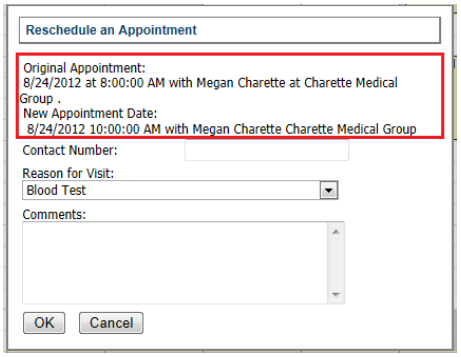
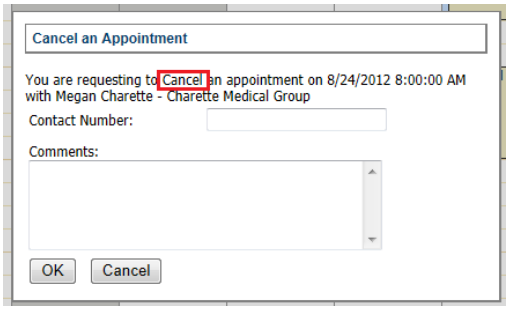
You will receive (2) notifications when your Provider has confirmed your appointment. One notification will be sent to the email address you have on file in Patient Ally. The second notification will be a new message in your Patient Ally Inbox.

If you need to reschedule or cancel an appointment, click **RESCHEDULE** or **CANCEL** next to your upcoming appointment.

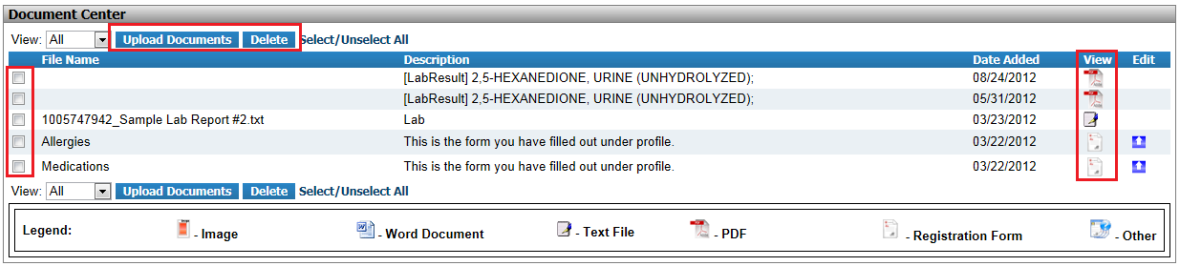
Upcoming Appointments
Reschedule
Cancel
Friday, August 24, 2012 at 8:00:00 AM with Provider Megan Charette at Charette Medical Group.

If you are requesting to reschedule an appointment, the Appointment Calendar will pop-up for you to select a new day and time. Select your new appointment, update your request (*Contact Number, Reason for Visit, or comments*) and then click **OK** when finished. If you are requesting to cancel, you will receive a pop-up with your option to add a Contact Number and Comments. Click **OK** when finished.

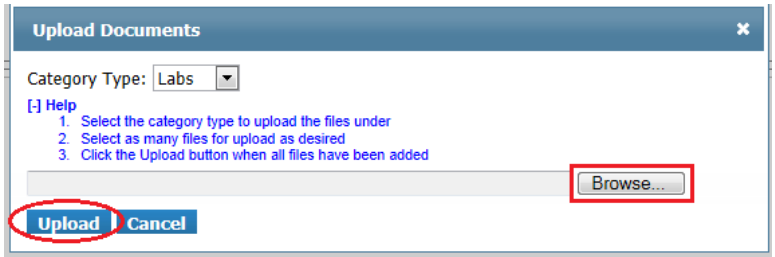



Cancel an Appointment
You are requesting to Cancel an appointment on 8/24/2012 8:00:00 AM with Megan Charette - Charette Medical Group
Contact Number:
Comments:
OK
Cancel

4. **DOCUMENT CENTER –** You can view different types of documents your Provider has sent to you, as well as view documents you have completed or uploaded in Patient Ally. To view the document, click on the icon on the right side of the page next to the document. Different types of icons indicate different types of files. If you would like to remove any documents, check the box next to the document and then click **DELETE**. Keep in mind that this will **permanently delete** these documents from your Patient Ally account.

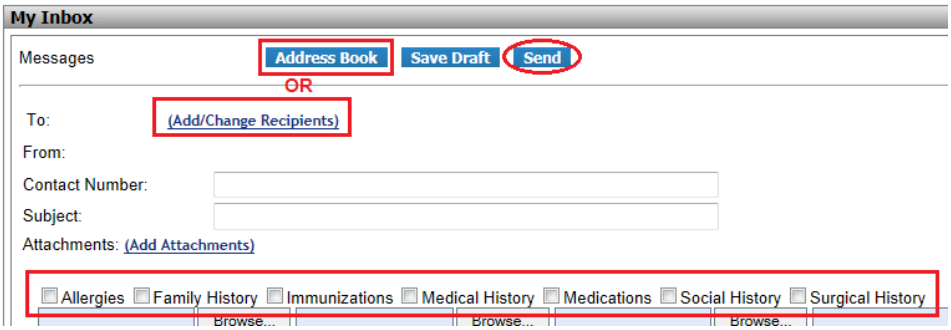


You can upload any documents to store in your Patient Ally account by clicking **UPLOAD DOCUMENTS**. Select the Category Type, click **BROWSE** and search for files. Click **UPLOAD** when you are finished.

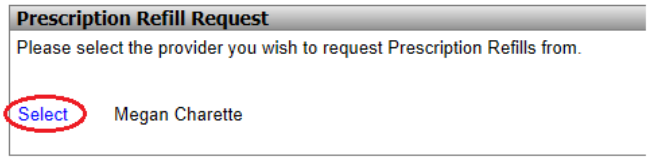

Upload Documents
Category Type: Labs
[-] Help
1. Select the category type to upload the files under
2. Select as many files for upload as desired
3. Click the Upload button when all files have been added
Browse...
Upload
Cancel

Contact Us
info@patientally.com
888-747-4255

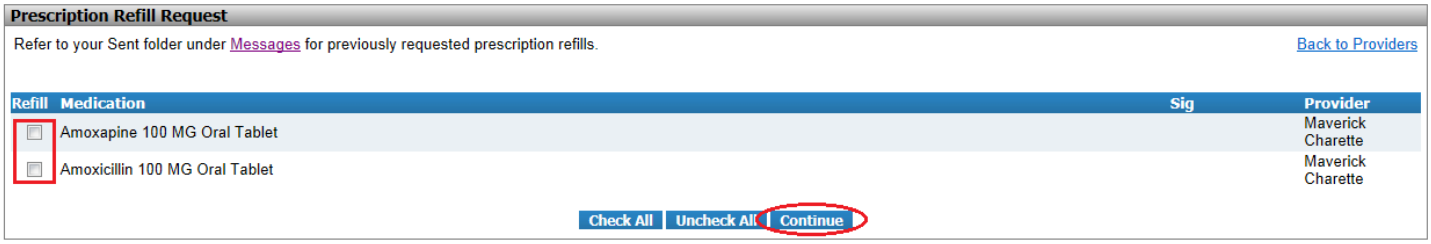
5. **SUBMIT HEALTH FORMS –** This section allows you to send Allergy, History and Immunization information to your Provider. Just like a message, click **ADD/CHANGE RECIPIENT** or click **ADDRESS BOOK**, select your Provider and then click **SELECT CHECKED**. Entering in a Contact Number, Subject and Message is optional. Check the boxes for the information you would like to send to your Provider (*Allergies, Immunizations and History*). Once you are done selecting, click **SEND**.



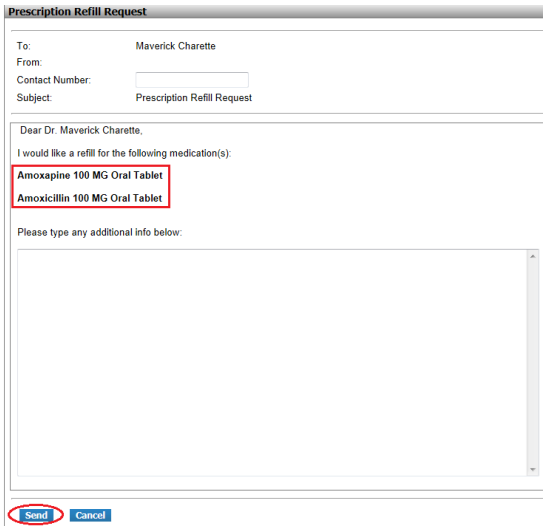
6. **PRESCRIPTION REFILLS** – You can request refills for any medications your Provider has prescribed or listed as a current medication in your patient chart. Click on the **SELECT** button next to your Provider's name to request a refill.


Prescription Refill Request
Please select the provider you wish to request Prescription Refills from.
Select
Megan Charette

Select the medication or medications you would like to refill and click **CONTINUE**.



Add any additional comments to your Prescription Refill request and click **SEND**.



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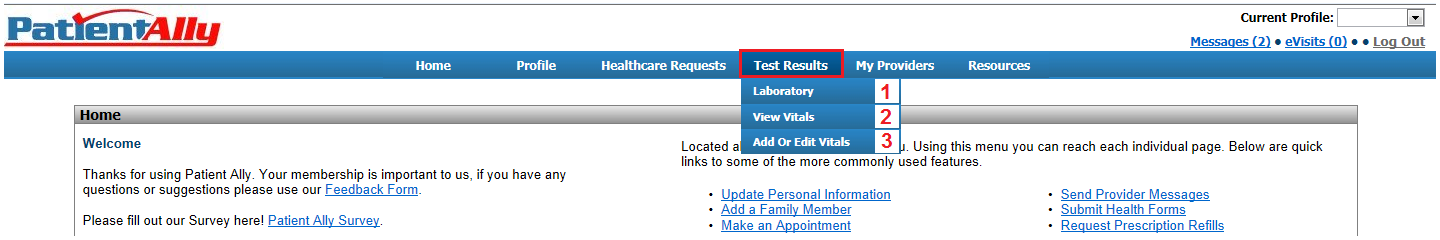
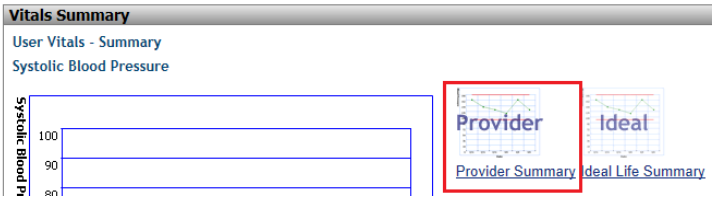
TEST RESULTS

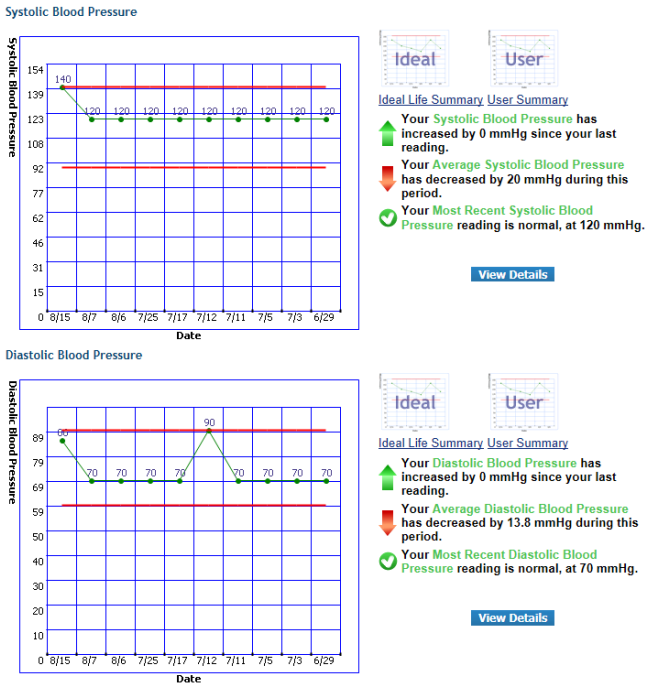


1. **LABORATORY** – View Lab Results that your Provider has sent to you. You will receive an email indicating a Lab Result is available to be viewed in Patient Ally. Any Labs sent to you will display the date the result was sent, the name of the result and any comments from your Provider. To view the result, click on the **VIEW** button.

2. **VIEW VITALS** – View vital signs that your Provider has sent to you. To view your vitals, click on the **PROVIDER SUMMARY** link. Any vitals that your Provider has sent to you will be displayed.

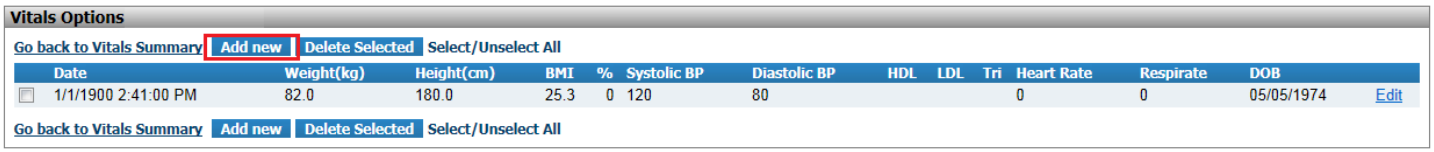


Example of Provider Summary:

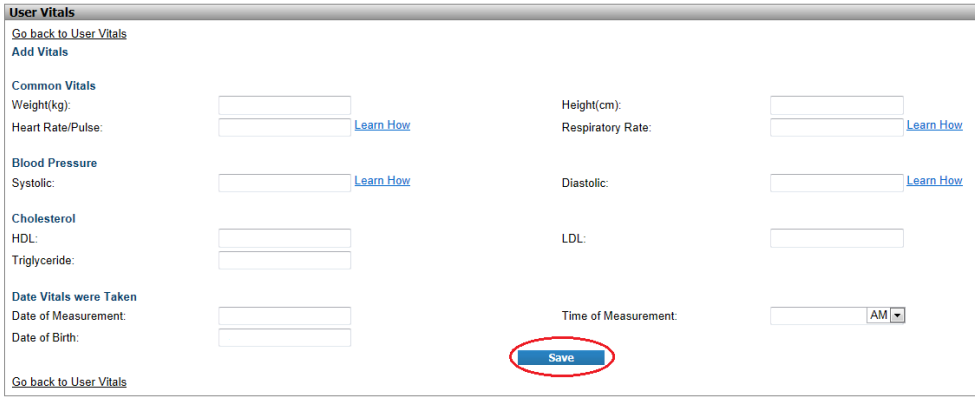

Systolic Blood Pressure
Ideal
User
Ideal Life Summary
User Summary
Your Systolic Blood Pressure has increased by 0 mmHg since your last reading.
Your Average Systolic Blood Pressure has decreased by 20 mmHg during this period.
Your Most Recent Systolic Blood Pressure reading is normal, at 120 mmHg.
View Details
Diastolic Blood Pressure
Ideal
User
Ideal Life Summary
User Summary
Your Diastolic Blood Pressure has increased by 0 mmHg since your last reading.
Your Average Diastolic Blood Pressure has decreased by 13.8 mmHg during this period.
Your Most Recent Diastolic Blood Pressure reading is normal, at 70 mmHg.
View Details
Date

Contact Us
info@patientally.com
888-747-4255

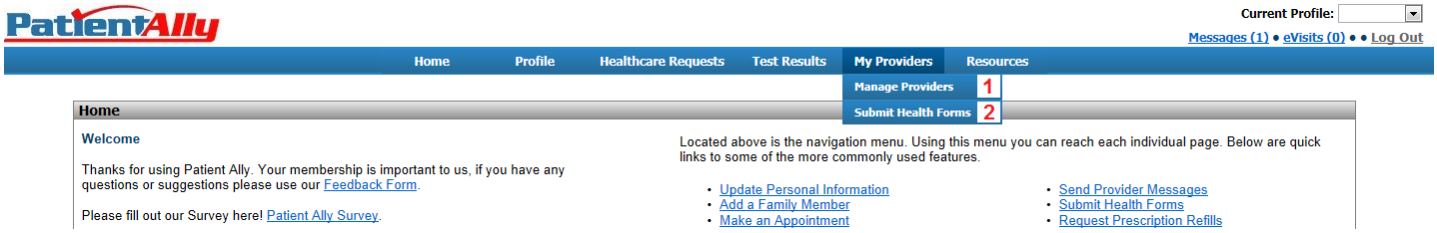
3. **ADD OR EDIT VITALS** – Add and keep track of your own vital signs in Patient Ally. To add your vitals, click **ADD NEW.**



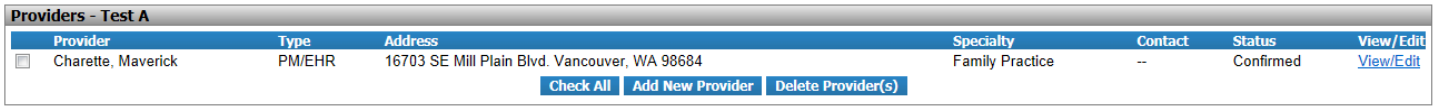
Fill out any vitals you would like to record and click **SAVE**. If needed, you can always edit or delete any vitals you have previously recorded.



MY PROVIDERS


PatientAlly
Current Profile:
Messages (1) • eVisits (0) • • Log Out
Home
Profile
Healthcare Requests
Test Results
My Providers
Resources
Manage Providers
1
Submit Health Forms
2
Home
Welcome
Thanks for using Patient Ally. Your membership is important to us, if you have any questions or suggestions please use our Feedback Form.
Please fill out our Survey here! Patient Ally Survey.
Located above is the navigation menu. Using this menu you can reach each individual page. Below are quick links to some of the more commonly used features.
Update Personal Information
Add a Family Member
Make an Appointment
Send Provider Messages
Submit Health Forms
Request Prescription Refills

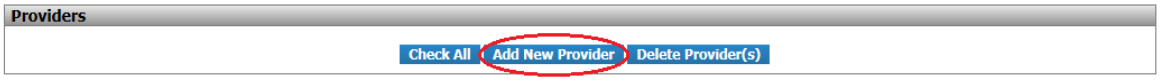
1. **MANAGE PROVIDERS –** Connect and keep track of your Providers in Patient Ally.



CONNECTING WITH YOUR PROVIDER

To establish a secure HIPAA connection between you and your Provider, you will need a **Patient Security Code**. If you do not have a code, please contact your Provider directly to receive one. If you have already been issued a code, please proceed with the next steps.

Click **ADD NEW PROVIDER**.



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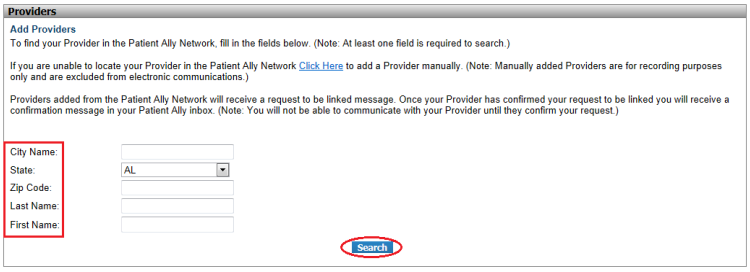
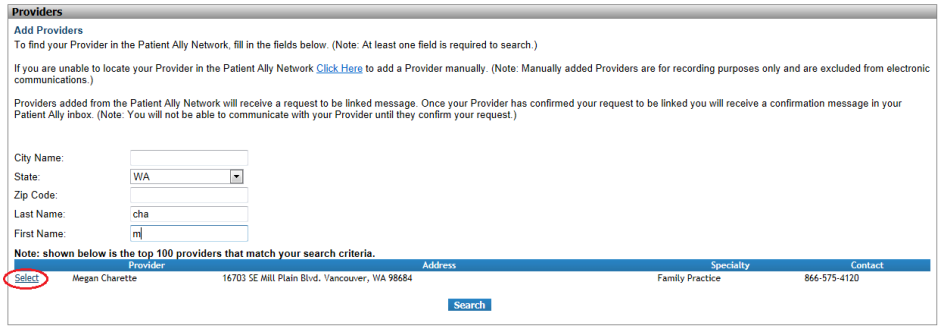
info@patientally.com
888-747-4255

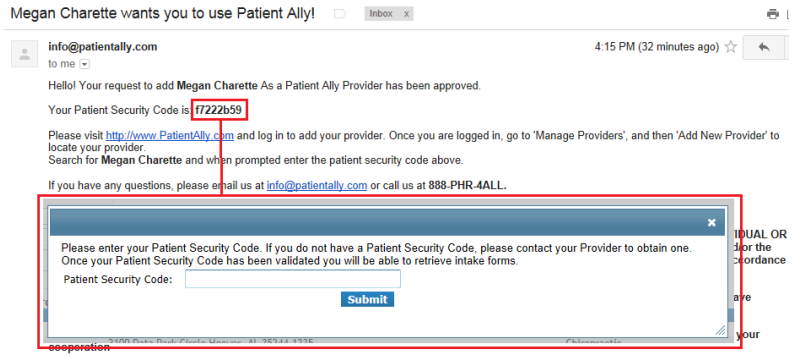
Now you will need to search for your Provider. After using the search filter to find your Provider, click **SEARCH**.


Providers
Add Providers
To find your Provider in the Patient Ally Network, fill in the fields below. (Note: At least one field is required to search.)
If you are unable to locate your Provider in the Patient Ally Network Click Here to add a Provider manually. (Note: Manually added Providers are for recording purposes only and are excluded from electronic communications.)
Providers added from the Patient Ally Network will receive a request to be linked message. Once your Provider has confirmed your request to be linked you will receive a confirmation message in your Patient Ally Inbox. (Note: You will not be able to communicate with your Provider until they confirm your request.)
City Name:
State:
AL
Zip Code:
Last Name:
First Name:
Search

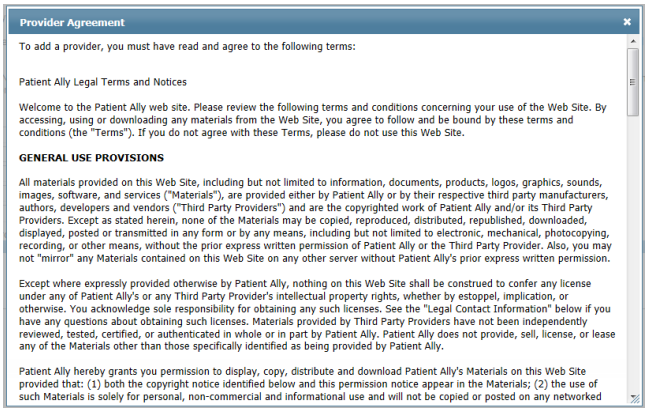
Once your Provider is displayed, click the **SELECT** button next to their name.


Providers
Add Providers
To find your Provider in the Patient Ally Network, fill in the fields below. (Note: At least one field is required to search.)
If you are unable to locate your Provider in the Patient Ally Network Click Here to add a Provider manually. (Note: Manually added Providers are for recording purposes only and are excluded from electronic communications.)
Providers added from the Patient Ally Network will receive a request to be linked message. Once your Provider has confirmed your request to be linked you will receive a confirmation message in your Patient Ally inbox. (Note: You will not be able to communicate with your Provider until they confirm your request.)
City Name:
State:
WA
Zip Code:
Last Name:
cha
First Name:
m
Note: shown below is the top 100 providers that match your search criteria.
Provider
Address
Specialty
Contact
Select
Megan Charette
16703 SE Mill Plain Blvd. Vancouver, WA 98684
Family Practice
866-575-4120
Search

You will be prompted to add the Patient Security Code that you should have received via email (*example of email below*). After entering the code, click **SUBMIT** to proceed. If you do not have a Patient Security Code, please contact your Provider directly. [*Note: It is recommended to copy and paste the Patient Security Code from your email instead of attempting to re-type it.]*


Megan Charette wants you to use Patient Ally!
Inbox
info@patientally.com
to me
4:15 PM (32 minutes ago)
Hello! Your request to add Megan Charette As a Patient Ally Provider has been approved.
Your Patient Security Code is: f7222b59
Please visit http://www.PatientAlly.com and log in to add your provider. Once you are logged in, go to 'Manage Providers', and then 'Add New Provider' to locate your provider.
Search for Megan Charette and when prompted enter the patient security code above.
If you have any questions, please email us at info@patientally.com or call us at 888-PHR-4ALL.
Please enter your Patient Security Code. If you do not have a Patient Security Code, please contact your Provider to obtain one.
Once your Patient Security Code has been validated you will be able to retrieve intake forms.
Patient Security Code:
Submit

Next, read the agreement and check the box indicating you have reviewed the terms. Click **YES, I AGREE**.


Provider Agreement
To add a provider, you must have read and agree to the following terms:
Patient Ally Legal Terms and Notices
Welcome to the Patient Ally web site. Please review the following terms and conditions concerning your use of the Web Site. By accessing, using or downloading any materials from the Web Site, you agree to follow and be bound by these terms and conditions (the "Terms"). If you do not agree with these Terms, please do not use this Web Site.
GENERAL USE PROVISIONS
All materials provided on this Web Site, including but not limited to information, documents, products, logos, graphics, sounds, images, software, and services ("Materials"), are provided either by Patient Ally or by their respective third party manufacturers, authors, developers and vendors ("Third Party Providers") and are the copyrighted work of Patient Ally and/or its Third Party Providers. Except as stated herein, none of the Materials may be copied, reproduced, distributed, republished, downloaded, displayed, posted or transmitted in any form or by any means, including but not limited to electronic, mechanical, photocopying, recording, or other means, without the prior express written permission of Patient Ally or the Third Party Provider. Also, you may not "mirror" any Materials contained on this Web Site on any other server without Patient Ally's prior express written permission.
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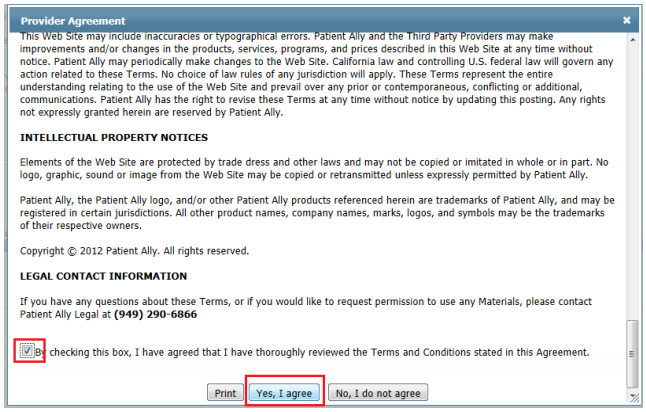
Provider Agreement
This Web Site may include inaccuracies or typographical errors. Patient Ally and the Third Party Providers may make improvements and/or changes in the products, services, programs, and prices described in this Web Site at any time without notice. Patient Ally may periodically make changes to the Web Site. California law and controlling U.S. federal law will govern any action related to these Terms. No choice of law rules of any jurisdiction will apply. These Terms represent the entire understanding relating to the use of the Web Site and prevail over any prior or contemporaneous, conflicting or additional, communications. Patient Ally has the right to revise these Terms at any time without notice by updating this posting. Any rights not expressly granted herein are reserved by Patient Ally.
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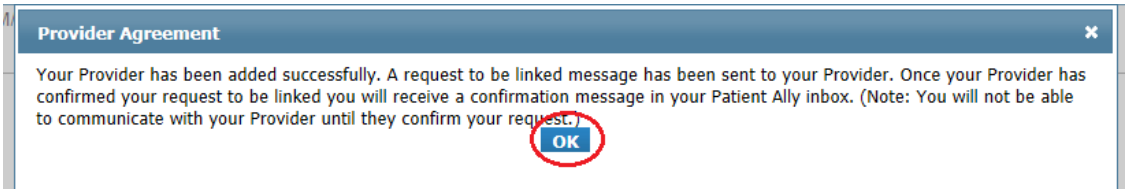
If you have any questions about these Terms, or if you would like to request permission to use any Materials, please contact Patient Ally Legal at (949) 290-6866
By checking this box, I have agreed that I have thoroughly reviewed the Terms and Conditions stated in this Agreement.
Print
Yes, I agree
No, I do not agree

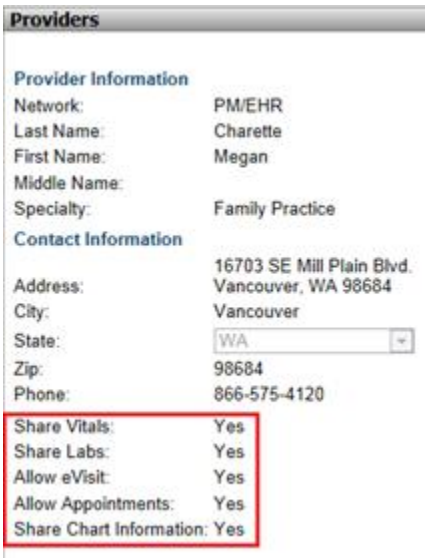
Contact Us
info@patientally.com
888-747-4255

You will receive a confirmation message when you have successfully added your Provider. Click **OK** to finish.

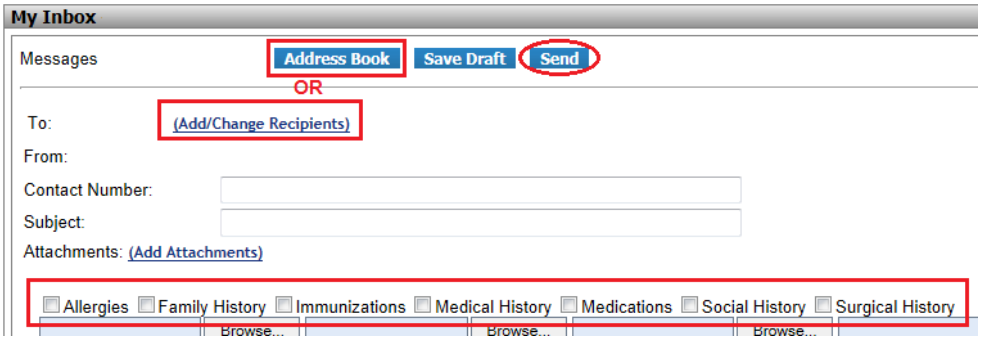

Provider Agreement
Your Provider has been added successfully. A request to be linked message has been sent to your Provider. Once your Provider has confirmed your request to be linked you will receive a confirmation message in your Patient Ally inbox. (Note: You will not be able to communicate with your Provider until they confirm your request.)
OK

Once you have added your Provider, you can view what features they have enabled with Patient Ally. Click the **VIEW/EDIT** button located to the right of your Provider.

Your Provider can choose to Share Vitals, Share Labs, Allow eVisits, Allow Appointments and Share Chart Information. If there is a "Yes" next to any options, you will have the ability to use these features. If there is a "No" next to any options, your Provider has not enabled these features at this time.

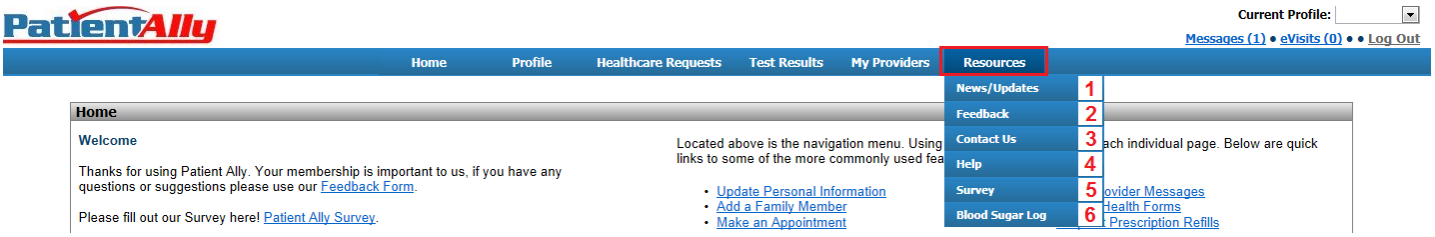


2. **SUBMIT HEALTH FORMS –** Another section for you to send your Allergy, History and Immunization information to your Provider. Click **ADD/CHANGE RECIPIENT** or click **ADDRESS BOOK**, select your Provider and then click **SELECT CHECKED**. Entering in a Contact Number, Subject and Message is optional. Check the boxes for the information you would like to send to your Provider (*Allergies, Immunizations and History*). Once you are done selecting, click **SEND**.

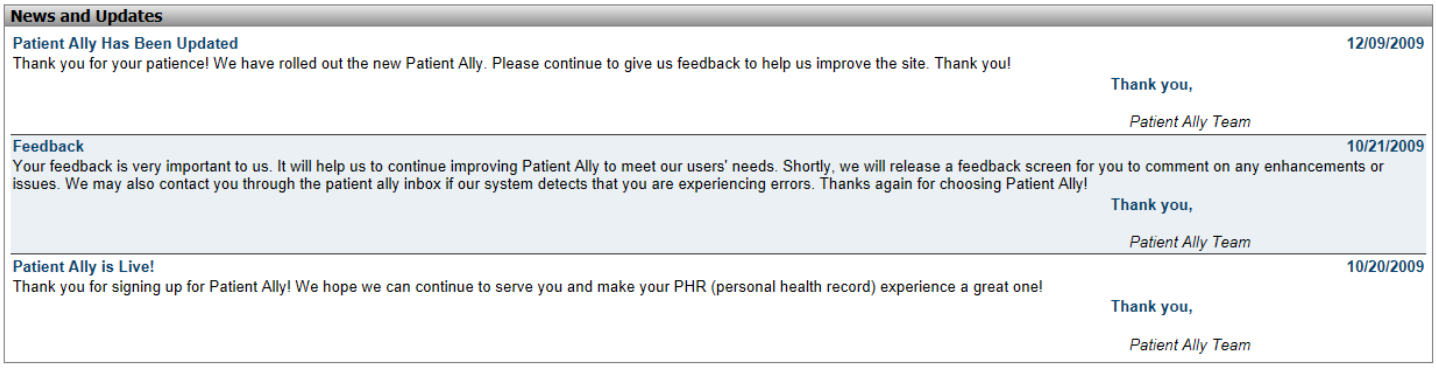


Contact Us
info@patientally.com
888-747-4255

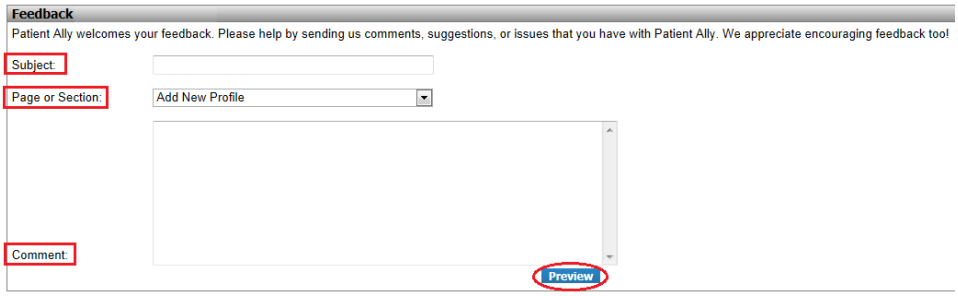
RESOURCES


PatientAlly
Current Profile:
Messages (1) • eVisits (0) • • Log Out
Home
Profile
Healthcare Requests
Test Results
My Providers
Resources
News/Updates 1
Feedback 2
Contact Us 3
Help 4
Survey 5
Blood Sugar Log 6
Home
Welcome
Thanks for using Patient Ally. Your membership is important to us, if you have any questions or suggestions please use our Feedback Form.
Please fill out our Survey here! Patient Ally Survey.
Located above is the navigation menu. Using
ach individual page. Below are quick links to some of the more commonly used fea
Update Personal Information
Add a Family Member
Make an Appointment
ovider Messages
Health Forms
Prescription Refills

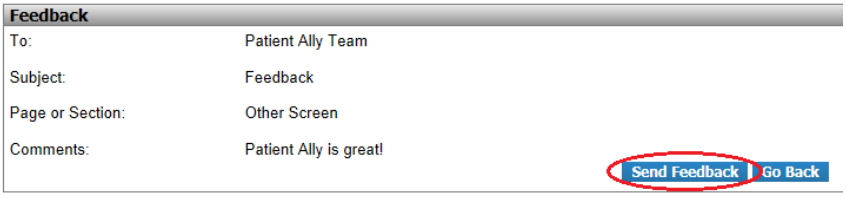
1. **<u>NEWS/UPDATES</u>** – Access to news, enhancements, and changes regarding Patient Ally.


News and Updates
Patient Ally Has Been Updated
12/09/2009
Thank you for your patience! We have rolled out the new Patient Ally. Please continue to give us feedback to help us improve the site. Thank you!
Thank you,
Patient Ally Team
Feedback
10/21/2009
Your feedback is very important to us. It will help us to continue improving Patient Ally to meet our users' needs. Shortly, we will release a feedback screen for you to comment on any enhancements or issues. We may also contact you through the patient ally inbox if our system detects that you are experiencing errors. Thanks again for choosing Patient Ally!
Thank you,
Patient Ally Team
Patient Ally is Live!
10/20/2009
Thank you for signing up for Patient Ally! We hope we can continue to serve you and make your PHR (personal health record) experience a great one!
Thank you,
Patient Ally Team

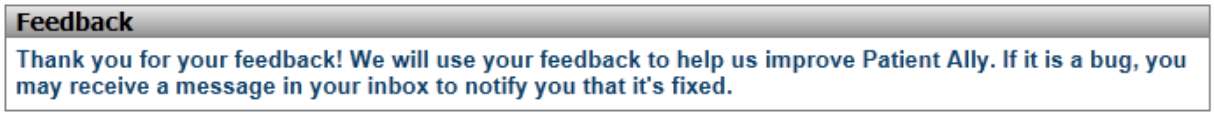
2. **<u>FEEDBACK</u> –** Submit feedback to Patient Ally. Enter in a Subject, select from the Page or Section dropdown, add comments and then click **PREVIEW**.


Feedback
Patient Ally welcomes your feedback. Please help by sending us comments, suggestions, or issues that you have with Patient Ally. We appreciate encouraging feedback too!
Subject:
Page or Section:
Add New Profile
Comment:
Preview

You can review your feedback before you send it. If you would like to add or change anything, click the **GO BACK** button. If you are ready to submit, click **SEND FEEDBACK**.

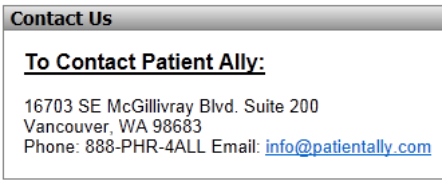


You will receive a confirmation that your feedback was sent to Patient Ally successfully.


Feedback
Thank you for your feedback! We will use your feedback to help us improve Patient Ally. If it is a bug, you may receive a message in your inbox to notify you that it's fixed.

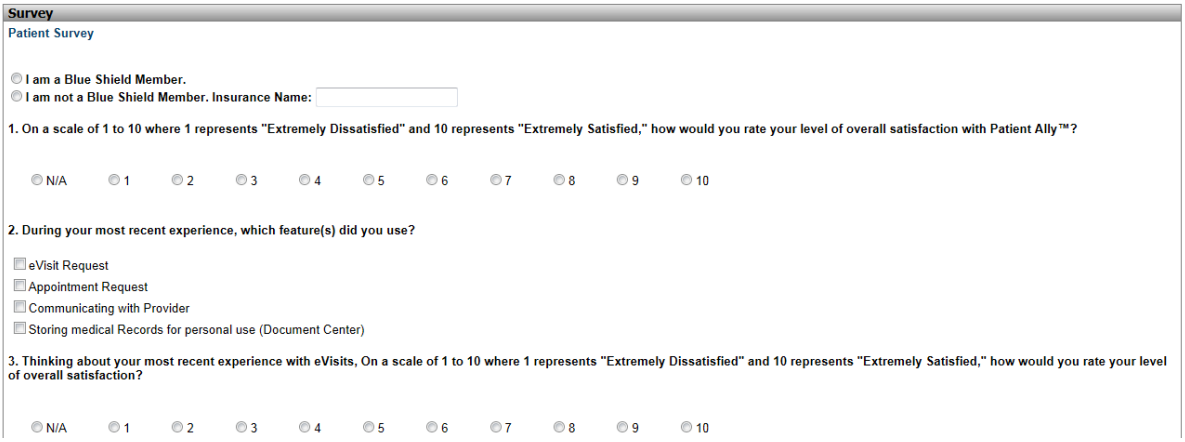
Contact Us
info@patientally.com
888-747-4255

3. **CONTACT US** – Patient Ally's address, phone number and email address.

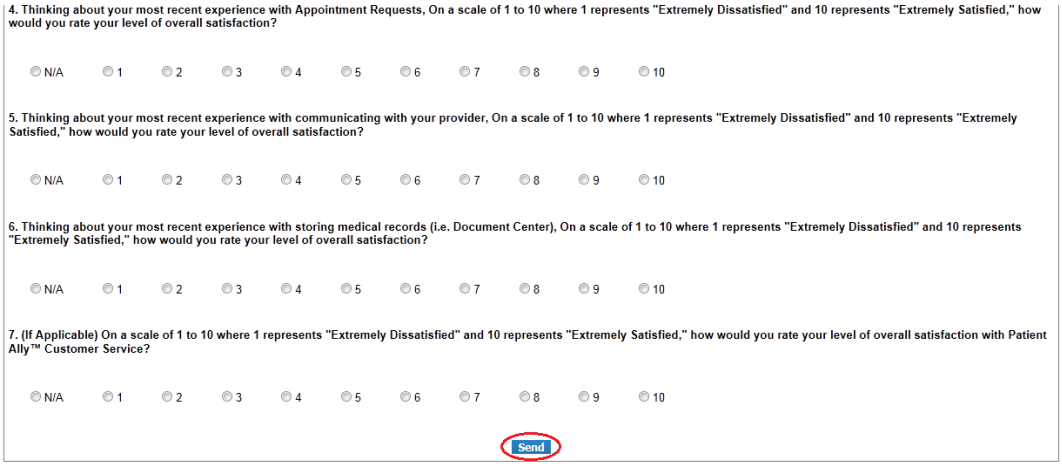


4. **HELP** – Access to Guides and Manuals. You can view these using Adobe Reader and print if needed.

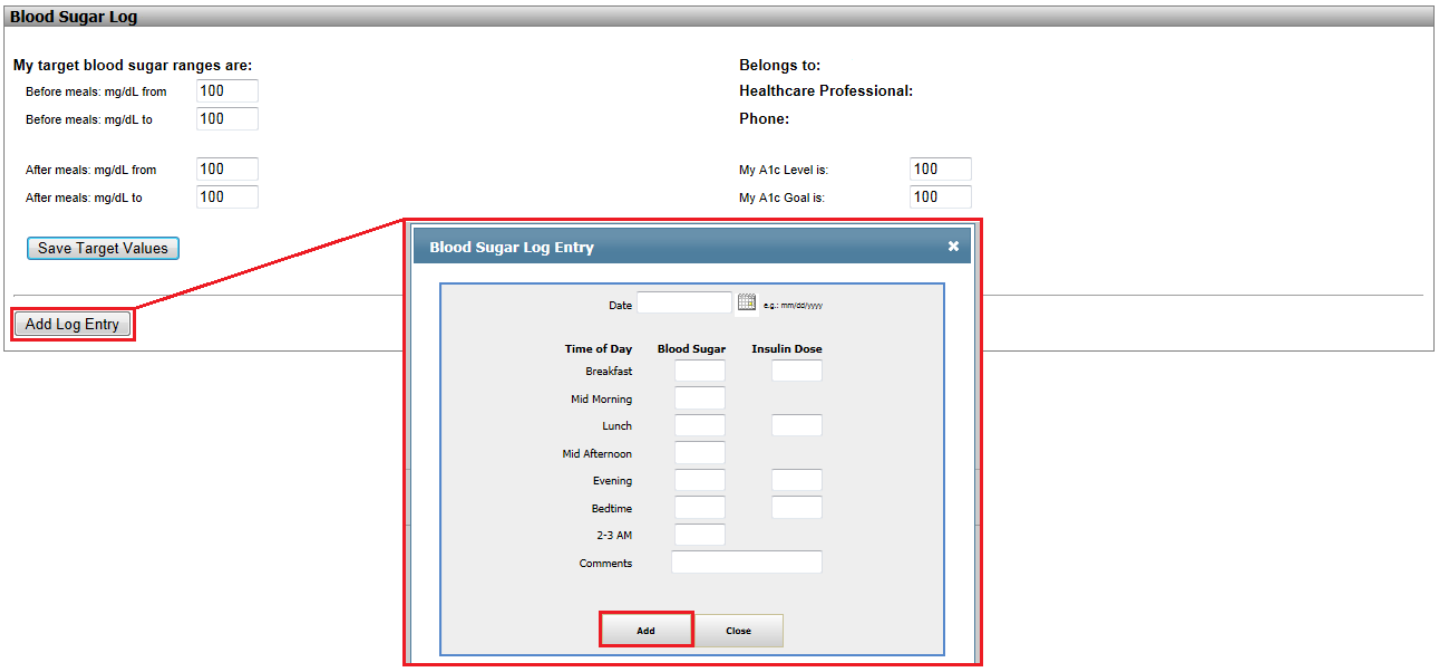
5. **SURVEY** – Complete a short survey to let us know how Patient Ally is working for you.


Survey
Patient Survey
I am a Blue Shield Member.
I am not a Blue Shield Member. Insurance Name:
1. On a scale of 1 to 10 where 1 represents "Extremely Dissatisfied" and 10 represents "Extremely Satisfied," how would you rate your level of overall satisfaction with Patient Ally™?
N/A 1 2 3 4 5 6 7 8 9 10
2. During your most recent experience, which feature(s) did you use?
eVisit Request
Appointment Request
Communicating with Provider
Storing medical Records for personal use (Document Center)
3. Thinking about your most recent experience with eVisits, On a scale of 1 to 10 where 1 represents "Extremely Dissatisfied" and 10 represents "Extremely Satisfied," how would you rate your level of overall satisfaction?
N/A 1 2 3 4 5 6 7 8 9 10

When finished with the Survey, click **SEND**.


4. Thinking about your most recent experience with Appointment Requests, On a scale of 1 to 10 where 1 represents "Extremely Dissatisfied" and 10 represents "Extremely Satisfied," how would you rate your level of overall satisfaction?
N/A 1 2 3 4 5 6 7 8 9 10
5. Thinking about your most recent experience with communicating with your provider, On a scale of 1 to 10 where 1 represents "Extremely Dissatisfied" and 10 represents "Extremely Satisfied," how would you rate your level of overall satisfaction?
N/A 1 2 3 4 5 6 7 8 9 10
6. Thinking about your most recent experience with storing medical records (i.e. Document Center), On a scale of 1 to 10 where 1 represents "Extremely Dissatisfied" and 10 represents "Extremely Satisfied," how would you rate your level of overall satisfaction?
N/A 1 2 3 4 5 6 7 8 9 10
7. (If Applicable) On a scale of 1 to 10 where 1 represents "Extremely Dissatisfied" and 10 represents "Extremely Satisfied," how would you rate your level of overall satisfaction with Patient Ally™ Customer Service?
N/A 1 2 3 4 5 6 7 8 9 10
Send

6. **BLOOD SUGAR LOG** – Keep track of your Blood Sugar levels in your Patient Ally account. First you will need to enter in your Blood Sugar Target Ranges. Then, click **ADD LOG ENTRY** to enter in levels for the day you are recording. Click **ADD** when finished.



System Requirements

Patient Ally works best with the following systems:

PC
Windows 7, Windows Vista, or Windows XP
Microsoft Internet Explorer 7.0 or greater with 128-bit SSL Encryption

Mac
Mac OS X
Mozilla Firefox 3.0 or greater with 128-bit SSL encryption

Required Connection Speed
High speed internet service for optimal performance (DSL, Cable Modem, etc).

For Technical Assistance, please email us at info@patientally.com or call 888-747-4255.

FAQ

Question: Who can use Patient Ally?
Answer: Patient Ally offers free services to any patient in the country. Anyone with a computer and internet connection can use Patient Ally.

Question: What is Patient Ally?
Answer: Patient Ally is your FREE, internet-based, Personal Health Record Management System that enables you to manage your medical records and communicate with your Healthcare Providers.

Contact Us
info@patientally.com
888-747-4255

Question: How do I enroll/sign up for Patient Ally?

Answer: Visit www.patientally.com and click **SIGN UP NOW**. You will create your own Username and then we will email you a link to create your own Password.

Question: Do I need to have high speed internet?

Answer: High speed internet is recommended, either DSL or cable modem.

Question: Can I use any browser for Patient Ally?

Answer: This website is best viewed with Internet Explorer 7.0 or Mozilla Firefox 3.0 and above.

Question: What information do I need to fill out?

Answer: Basic demographic information is the only requirement; however, you may also include insurance information and complete forms containing medical information. This information may then be transmitted to your Provider though secure communication.

Question: Is it safe for me to enter all my personal information?

Answer: Yes, your information is stored on our secure servers and our website boasts 128-bit encryption. Redundant equipment with firewalls, load balancing, and failover are used to ensure continuous operation of our website.

Question: Are you HIPAA compliant?

Answer: Yes, we are certified HIPAA compliant. The Privacy Policy details the procedures we follow to protect your private health information as well as the security measures used to ensure privacy. Our parent company, Office Ally LLC, is also EHNAC accredited, which represents the highest standards in HIPAA compliance.

Question: Can I add/delete family members in my account?

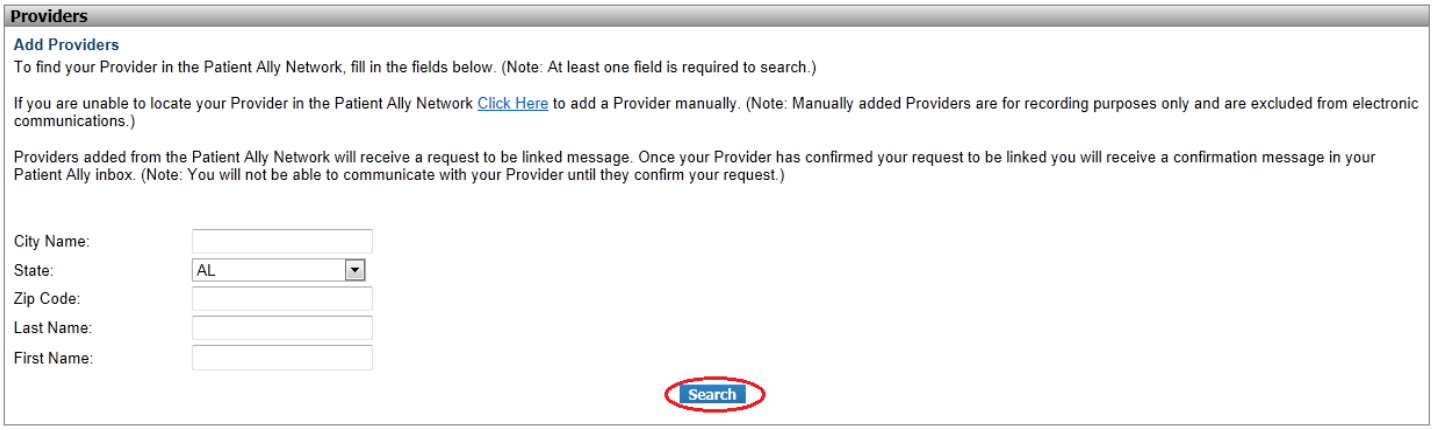
Answer: Yes, you may add family member profiles to your account and manage them within Patient Ally.

Question: How can I print out the forms I complete?

Answer: Use the Profile link to access Print Medical History and select the documents you wish to print. Confirm your selection(s) and preview the document. Click the **PRINT** button at the top or bottom of the screen.

Question: How can I tell if my Provider is set up for Patient Ally?

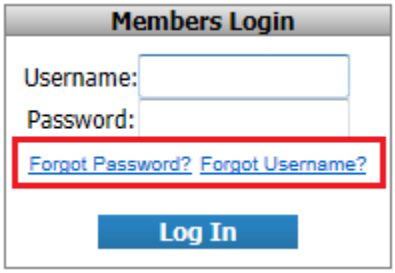
Answer: Once you have established a Patient Ally account, you may search for your Provider in the Patient Ally Network using the My Providers link in the navigation tool bar. Select Manage Providers and then click on the **ADD NEW PROVIDER** button. An example of the Add Providers screen is displayed below. Patients may add a Provider not in the Patient Ally Network. Keep in mind that manually added Providers are for recording purposes only and **are excluded** from electronic communications.


Providers
Add Providers
To find your Provider in the Patient Ally Network, fill in the fields below. (Note: At least one field is required to search.)
If you are unable to locate your Provider in the Patient Ally Network Click Here to add a Provider manually. (Note: Manually added Providers are for recording purposes only and are excluded from electronic communications.)
Providers added from the Patient Ally Network will receive a request to be linked message. Once your Provider has confirmed your request to be linked you will receive a confirmation message in your Patient Ally inbox. (Note: You will not be able to communicate with your Provider until they confirm your request.)
City Name:
State:
AL
Zip Code:
Last Name:
First Name:
Search

Contact Us
info@patientally.com
888-747-4255

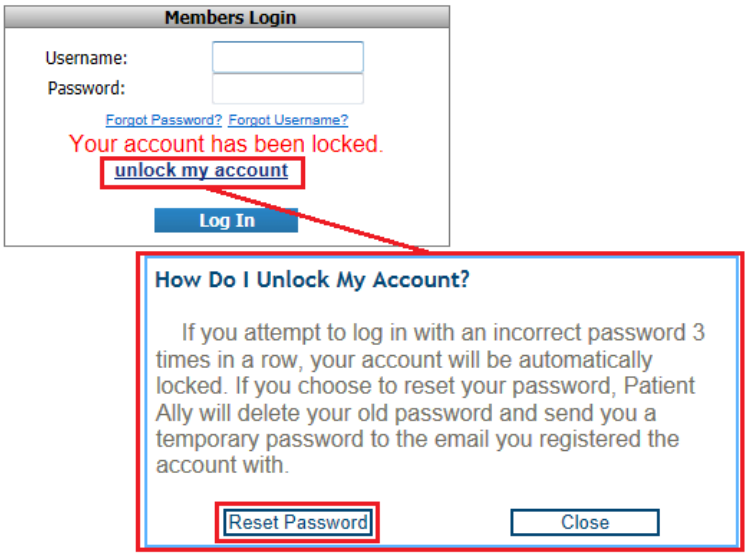
Question: What do I do if I can't remember my Username or Password?

Answer: If you cannot remember your Username or Password, click the **FORGOT PASSWORD?** or **FORGOT USERNAME?** link displayed on the Login screen. You will be emailed either a link to create a new Password or an email containing your Username.



Question: What do I do if I locked my account due to numerous failed Login attempts?

Answer: Click **UNLOCK MY ACCOUNT** and then the **RESET PASSWORD** button. Patient Ally will automatically email you a link to set-up a new Password. If you do not receive this email, please contact Patient Ally for assistance.


Members Login
Username:
Password:
Forgot Password? Forgot Username?
Your account has been locked.
unlock my account
Log In
How Do I Unlock My Account?
If you attempt to log in with an incorrect password 3 times in a row, your account will be automatically locked. If you choose to reset your password, Patient Ally will delete your old password and send you a temporary password to the email you registered the account with.
Reset Password
Close

For questions and feedback, please contact us at:

Email: info@patientally.com
Phone: 888-PHR-4ALL

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